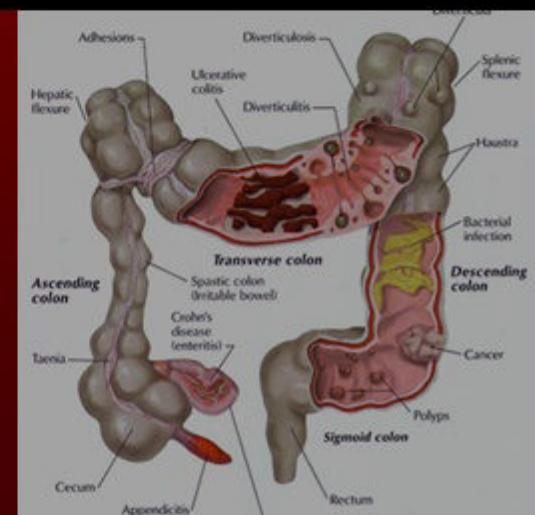
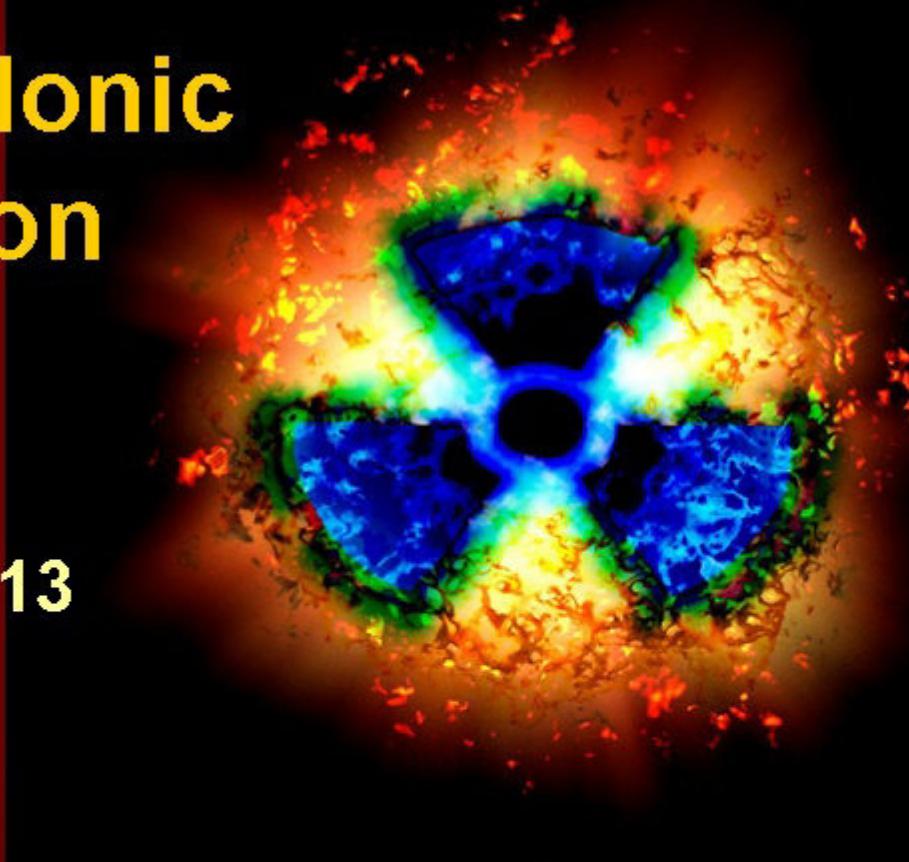


Hazards of colonic Biofermentation

all bacteria 10^{13}

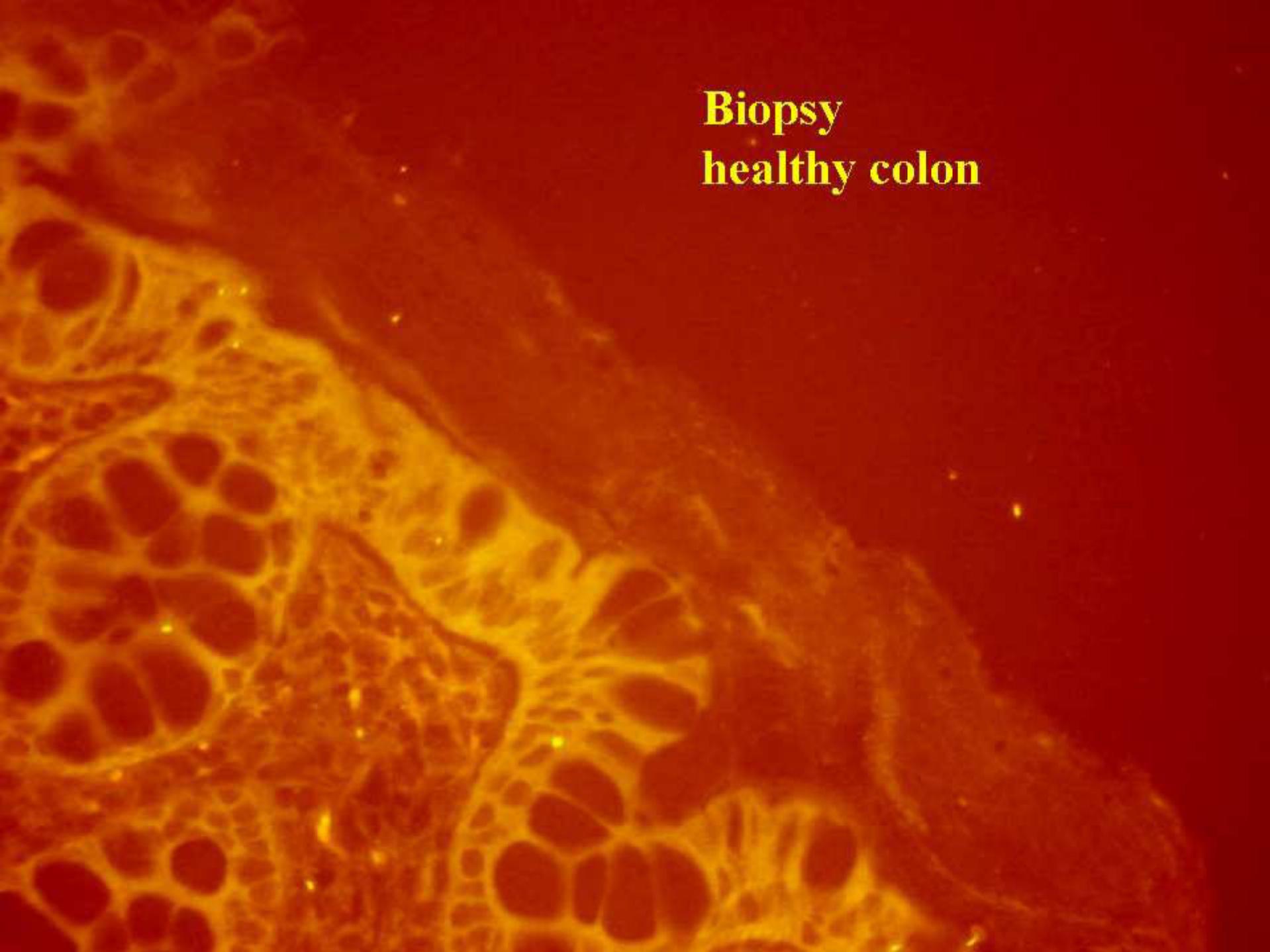
- $>10^{10}$
- **Clostridium perfringens** (gas gangrene)
- **Enterococci** (Endocarditis)
- **Bacteroides** (Abscess)
- **E.coli** (Sepsis)
 - 1/5 has **Clostridium botulinum !!!**



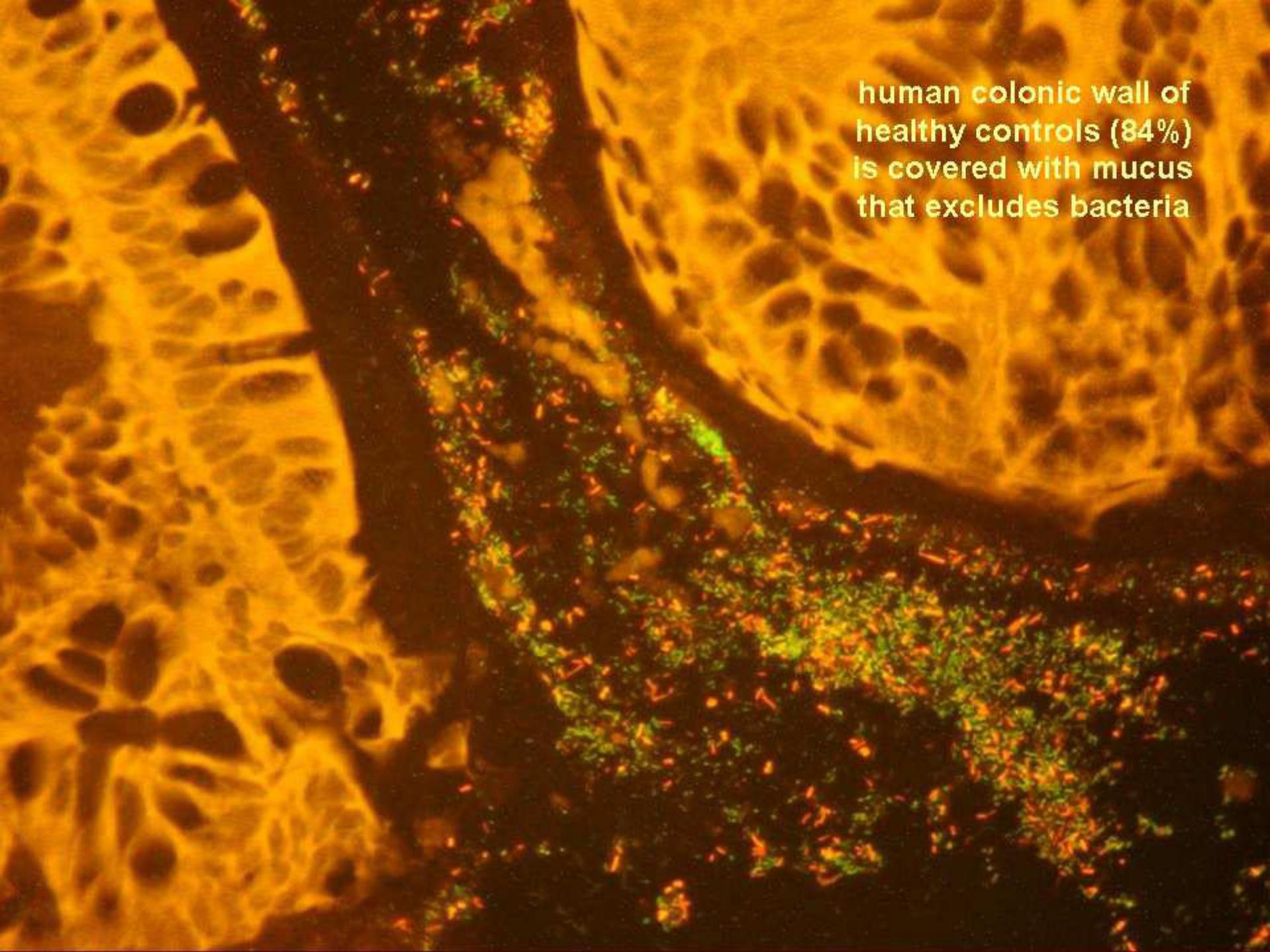
Human made bioreactors



Maximal concentrations achievable 10^{10}

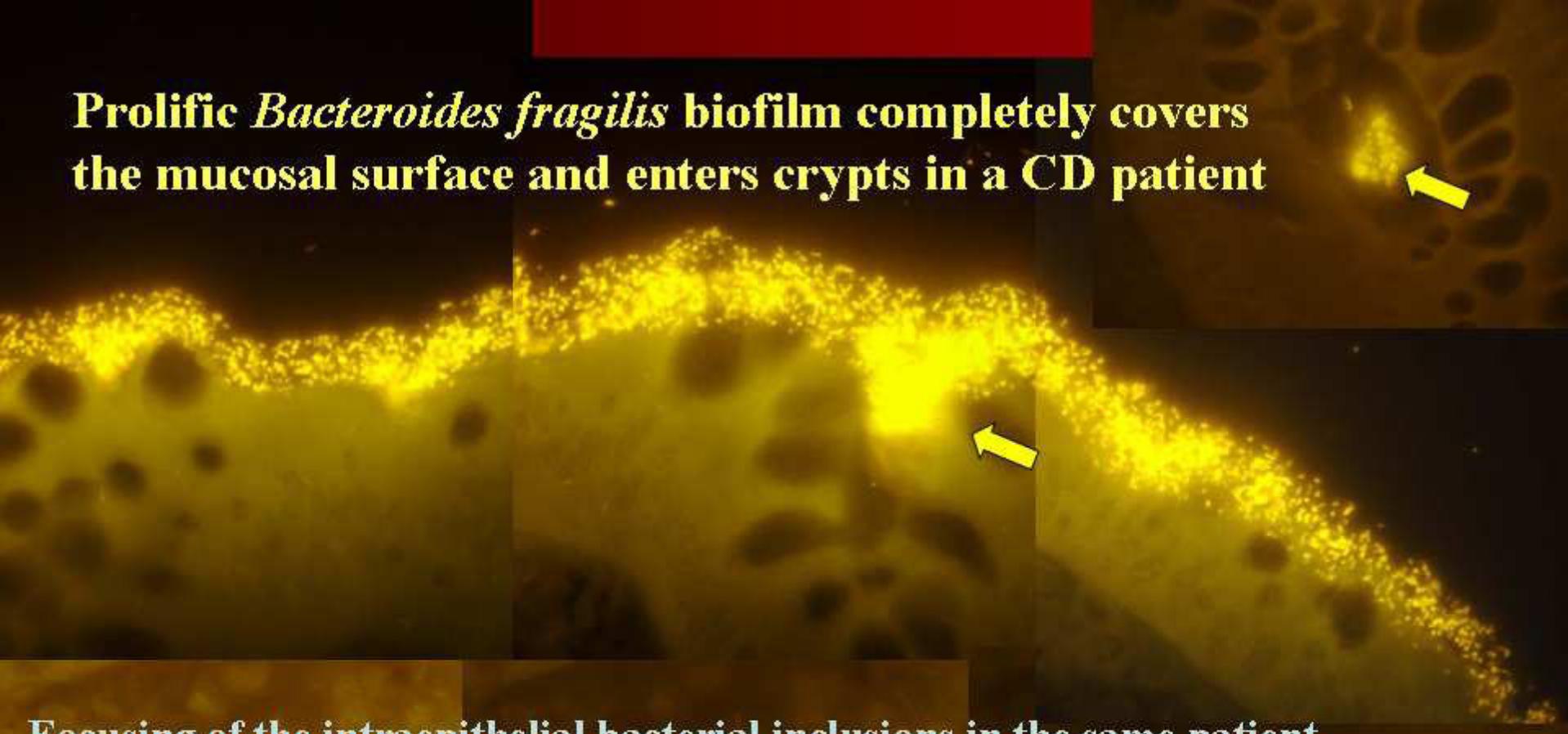
A high-magnification microscopic image showing a layer of cells with distinct nuclei and cytoplasm. The nuclei are stained a bright yellow-orange color, while the surrounding cytoplasm is a darker reddish-orange. The overall texture is somewhat mottled and irregular.

**Biopsy
healthy colon**

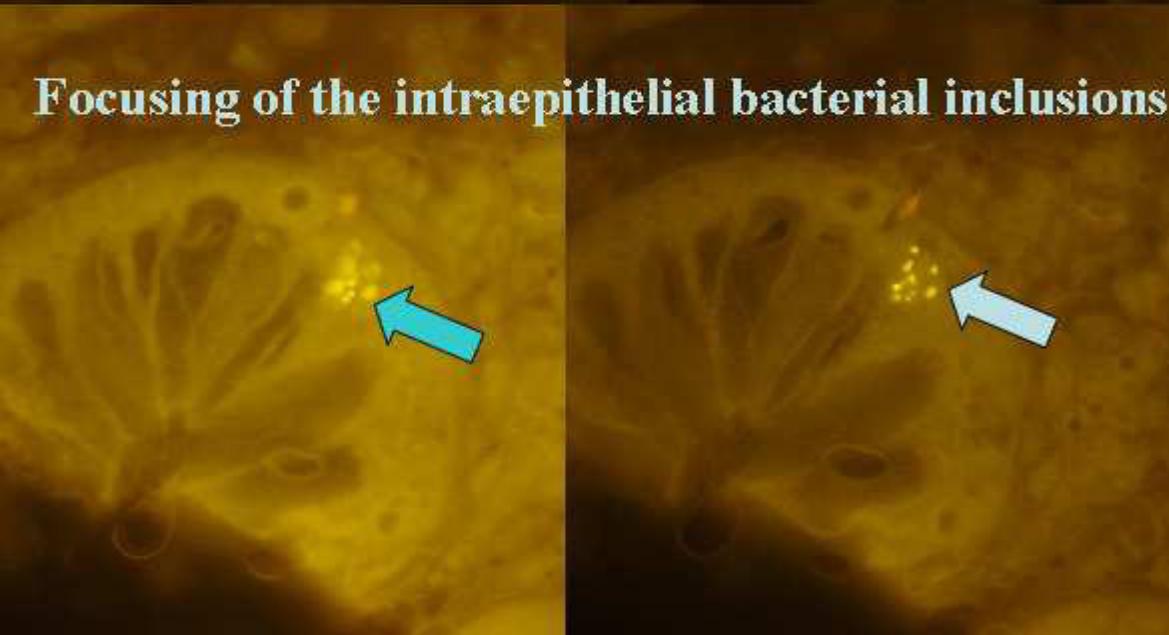
A fluorescence microscopy image showing the surface of the human colonic wall. The surface is covered with a bright, granular layer of mucus, which appears yellowish-green under the microscope. This mucus layer effectively excludes most bacteria, leaving only a few isolated, small, bright spots of bacterial fluorescence (red/orange) visible where the mucus has been disrupted or where specific stains have highlighted certain areas.

human colonic wall of
healthy controls (84%)
is covered with mucus
that excludes bacteria

Prolific *Bacteroides fragilis* biofilm completely covers the mucosal surface and enters crypts in a CD patient



Focusing of the intraepithelial bacterial inclusions in the same patient



IBD

SI - colitis

IBS

Bacteroides fragilis (Bfra Probe)
Eubacterium rectale group (Erec Probe)
Other bacteria (Eub338)

yellow (Cy3)
red (Cy5)
green (FITC)

Percent of patients with 10^9 bacteria/ml

CD
98%

UC
94%

SIc
78%

IBS
38%

Contr.
16%

Percent of bacteria within biofilm

Bfra

60%
10%

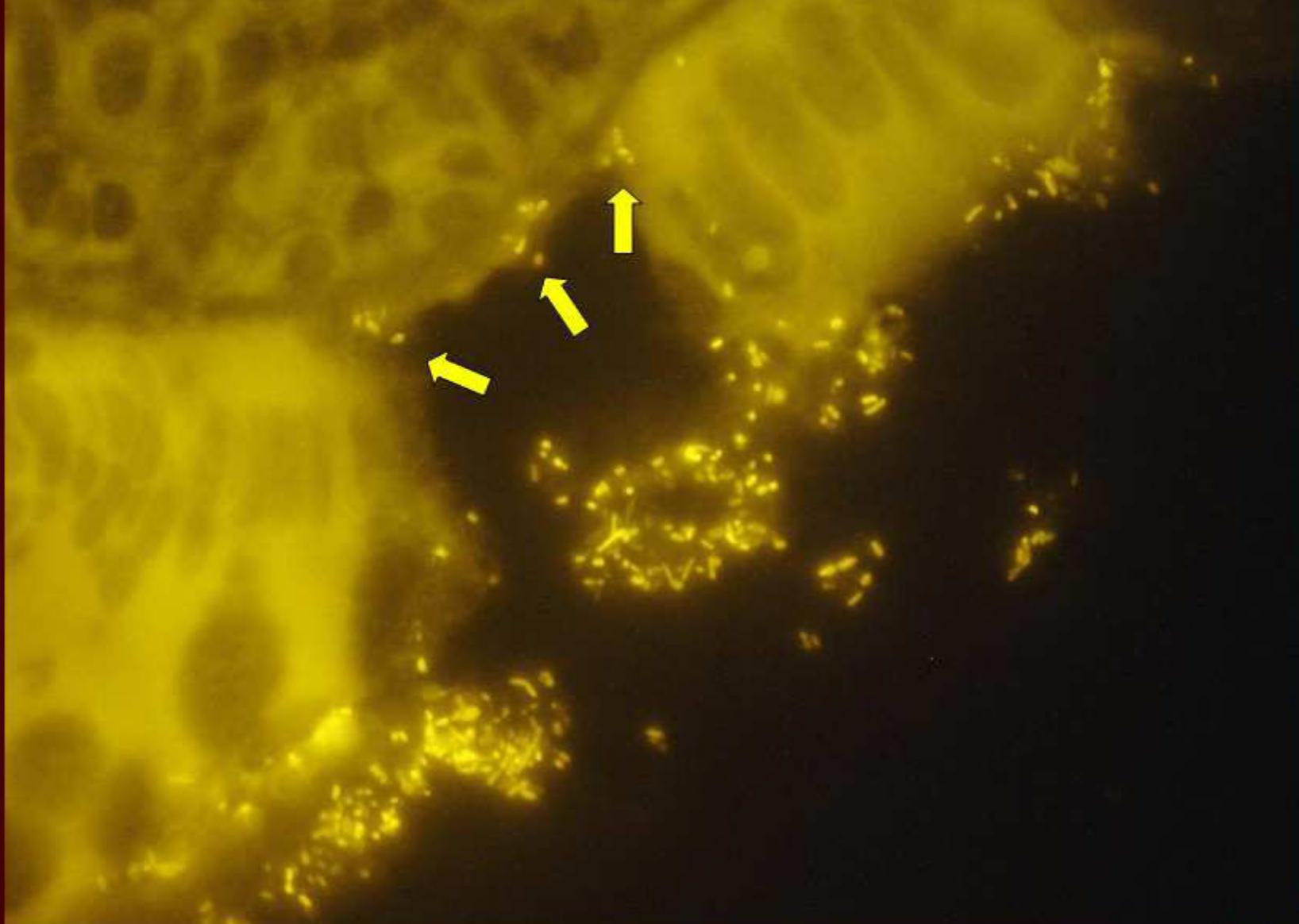
30%
5%

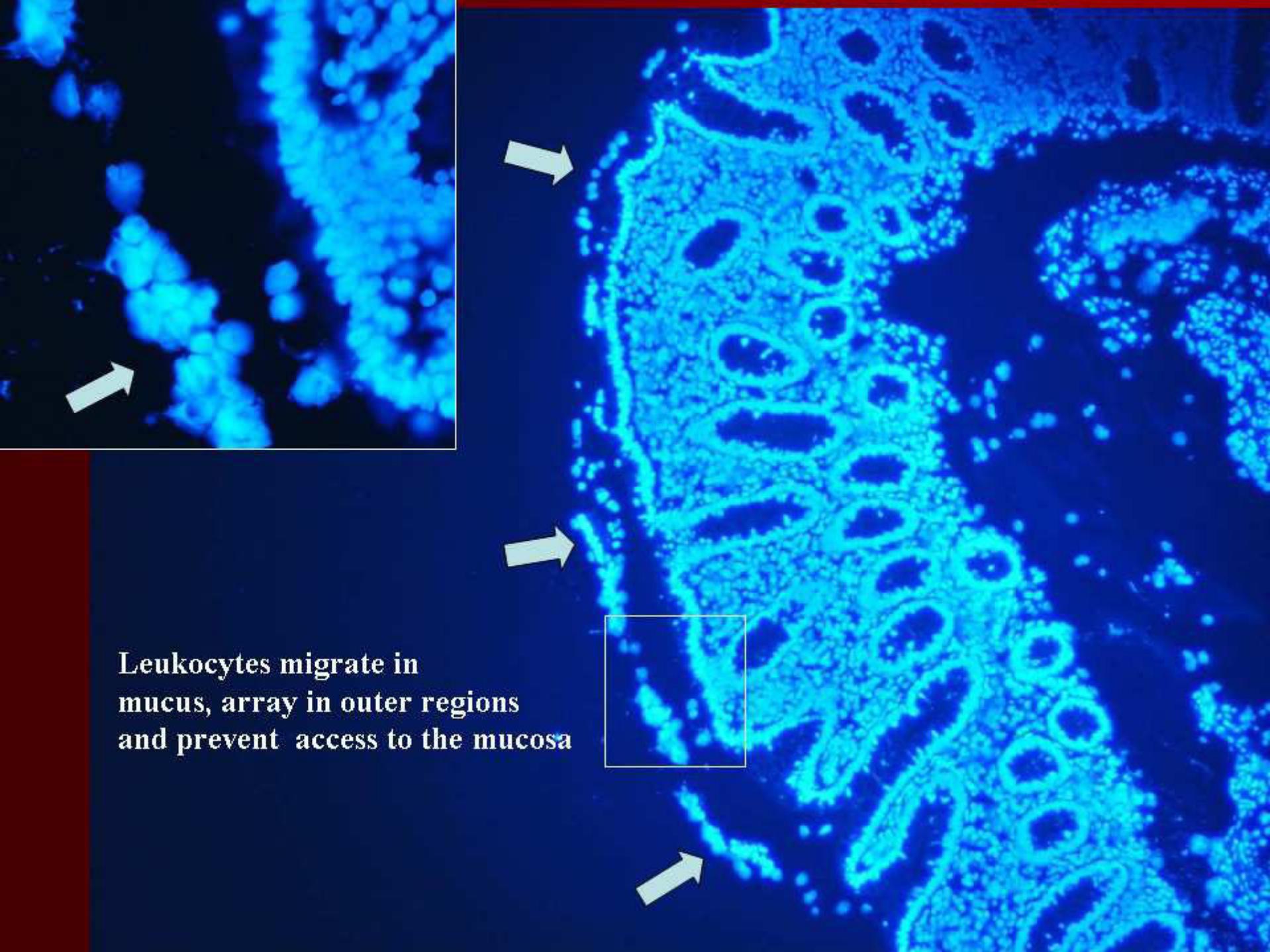
31%
18%

14%
48%

16%
32%

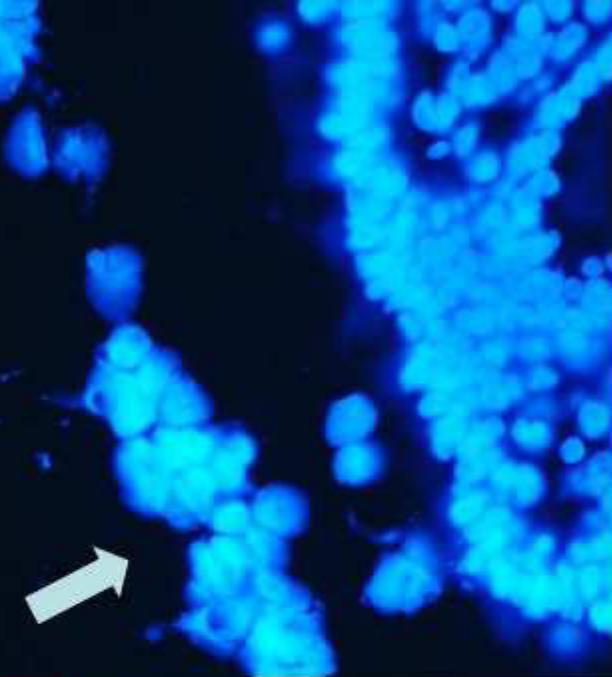
Ulceration of the epithelial surface in patient with UC with bacteria attaching to the exposed mucosa (ulcer ground, arrows)





A fluorescence microscopy image showing a cross-section of mucosal tissue. The tissue is stained with DAPI, appearing bright blue against a dark background. Several white arrows point to specific areas where bright blue spots (leukocytes) are visible, either within mucus layers or near the surface. A small white box in the lower-left corner indicates a region of interest, which is shown at higher magnification in the inset image.

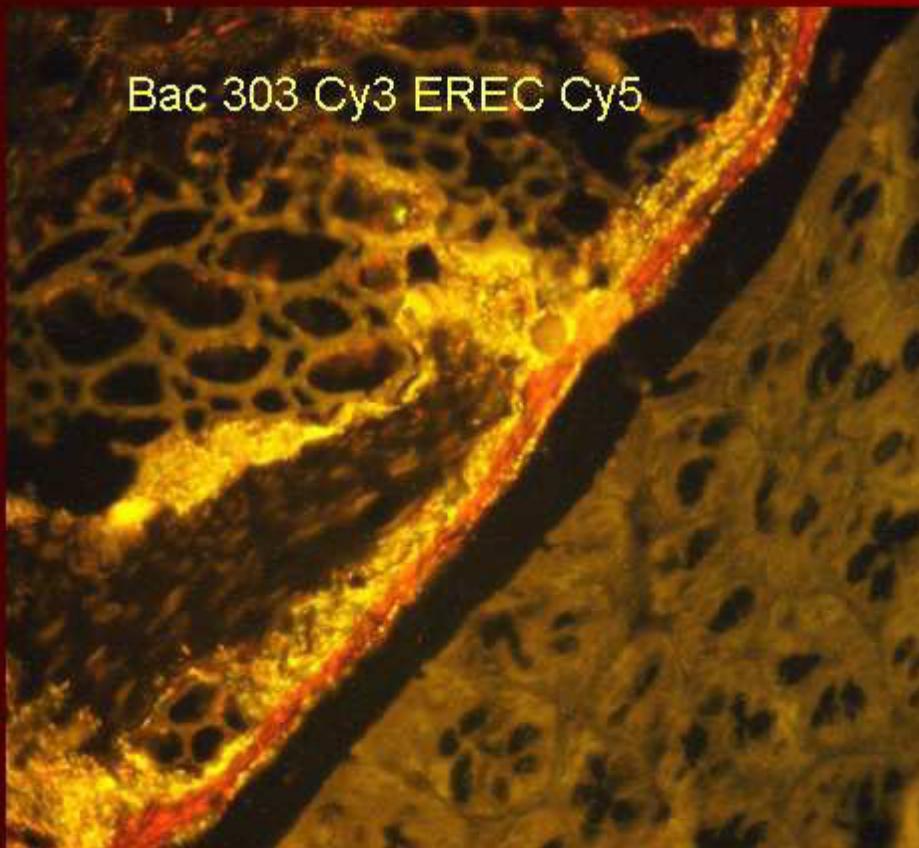
Leukocytes migrate in
mucus, array in outer regions
and prevent access to the mucosa



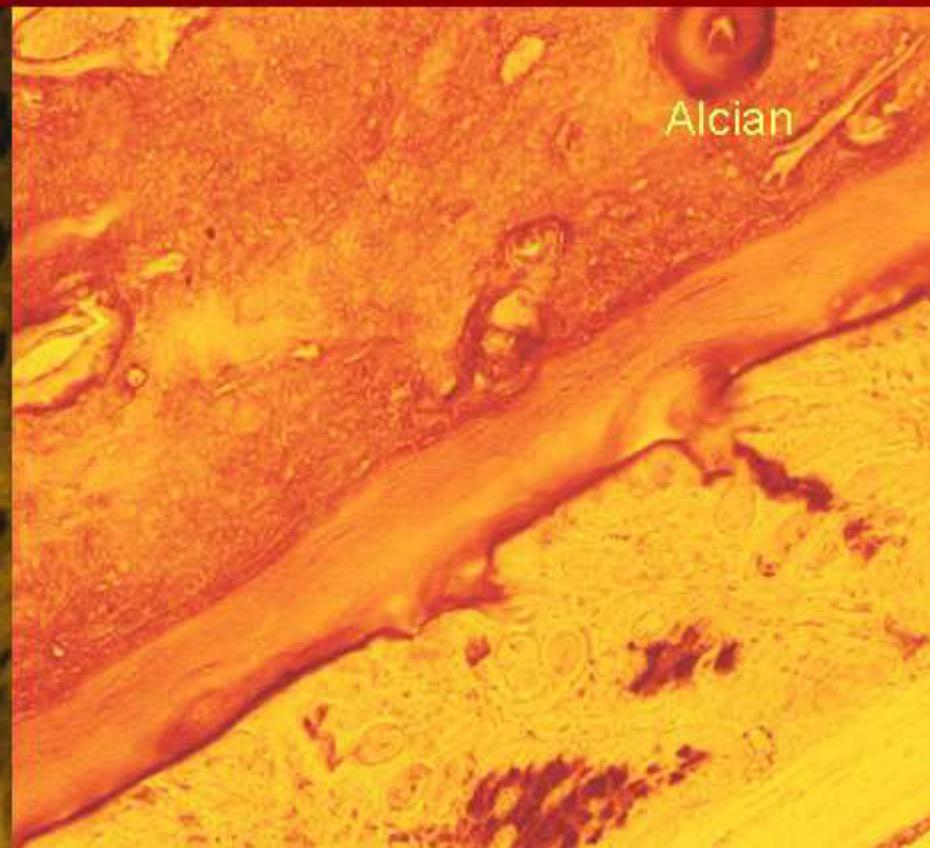


The number of bacteria in small intestine
of a healthy wild type mouse
is low

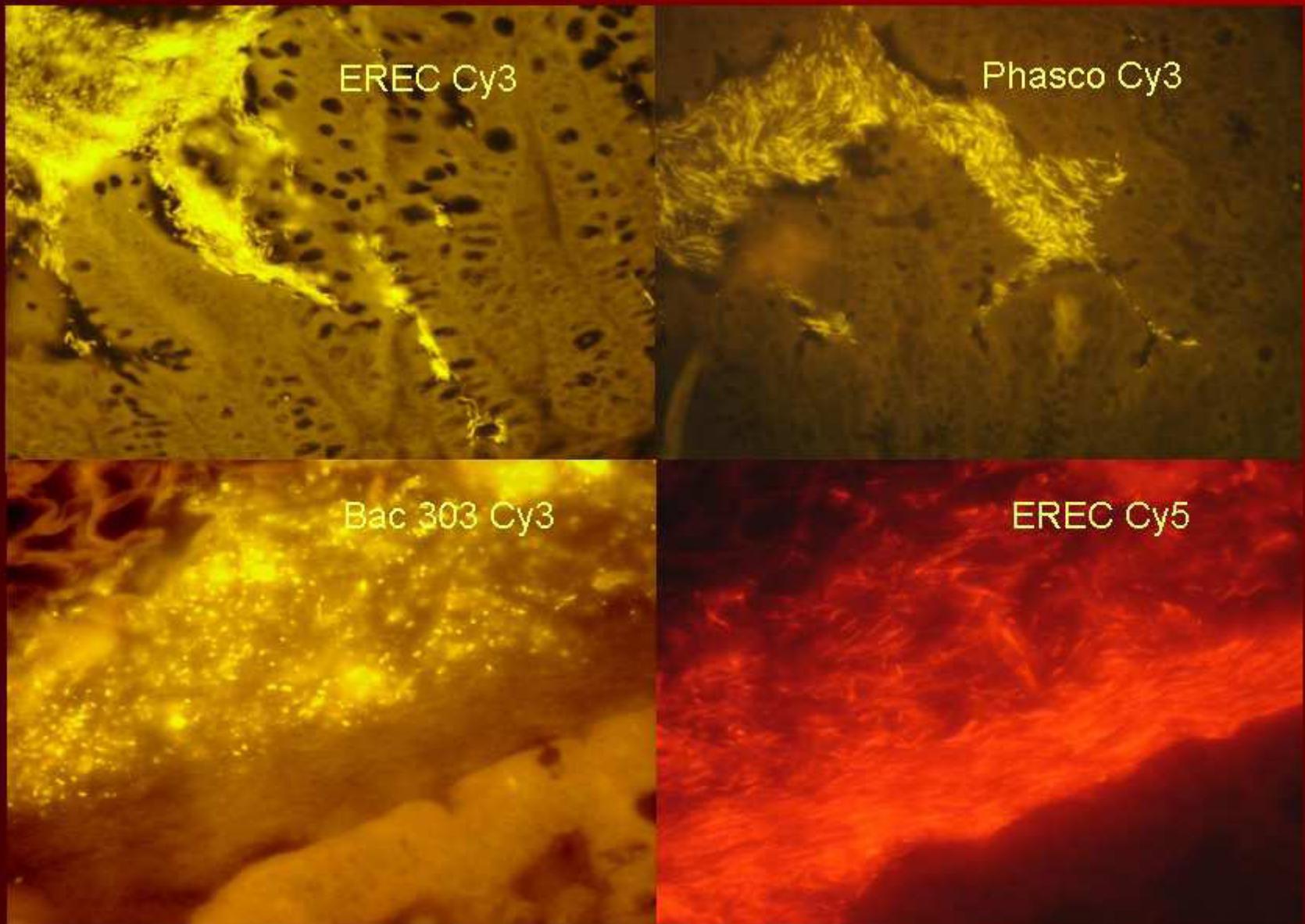
Bac 303 Cy3 EREC Cy5



Alcian



The mucus completely separates mucosa from feces in distal colon of mice
similar to the situation in man



The separation of bacteria in the proximal colon of mice is selective,
EREC enters crypts, *Bacteroides* has no contact with colonic wall



**Short rods of
Bacteroides,
Enterobacteriaceae,
Clostridium difficile,
Veillonella groups
have no contact with
the colonic wall**

Only in this figure
Phasco and EREC are
stained with Cy3 and
appear yellow

EREC
Lab,
Bif,
Phasco
Lach

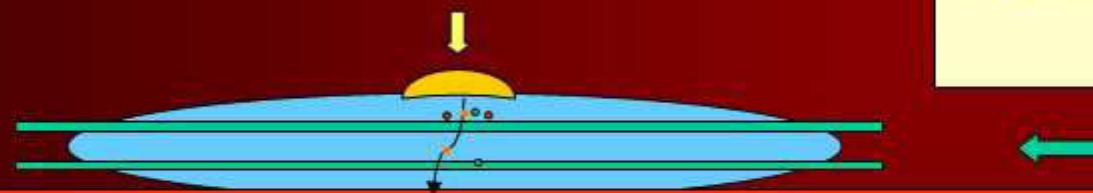
Lach is red (Cy5)

Composition of the interlaced layer

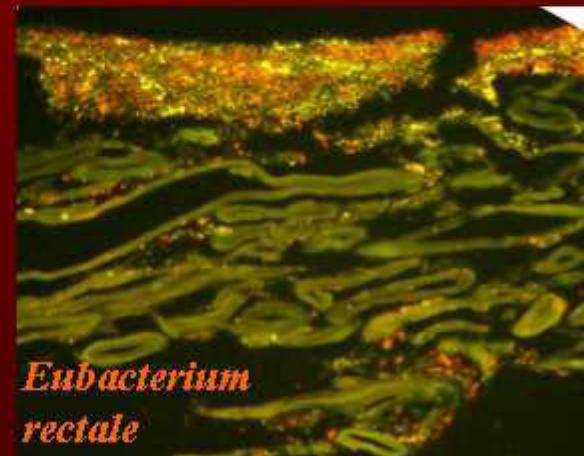
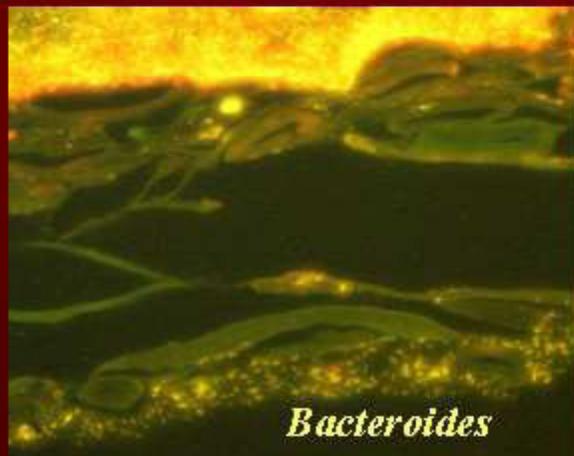
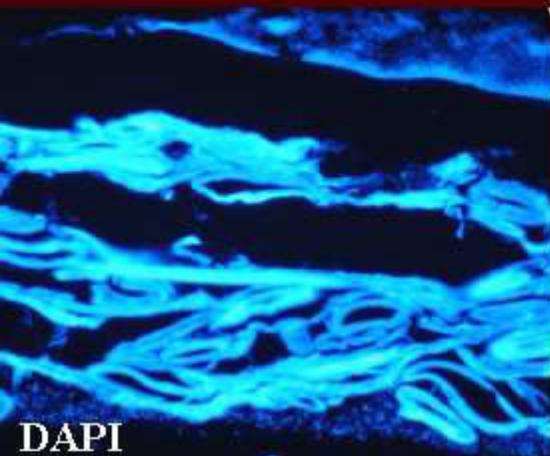
Mucus simulation in vitro

Native mix of fecal bacteria

Two layers of cellulose covered with a LB-agarose gel of variable viscosity

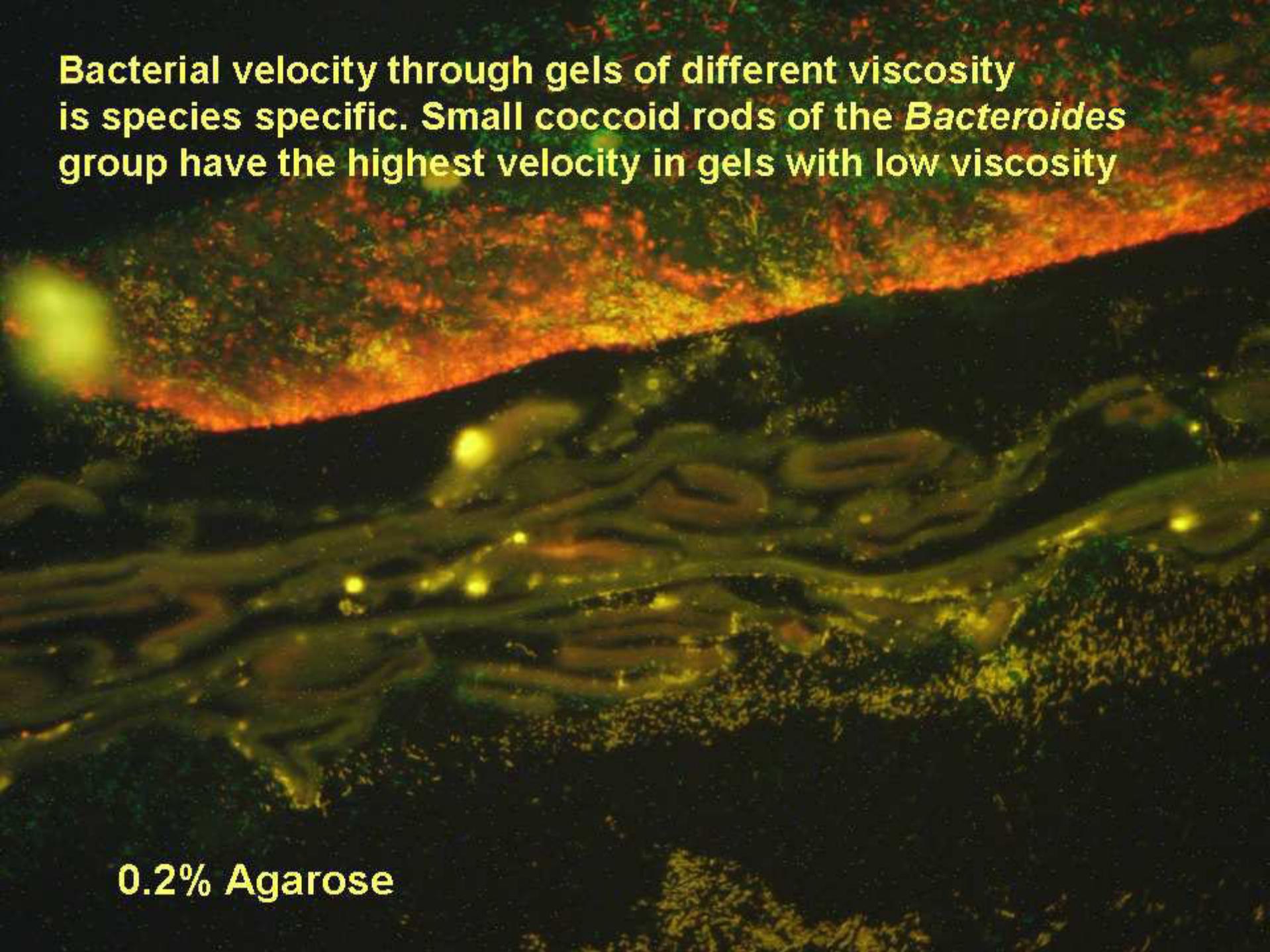


Blood agar plate

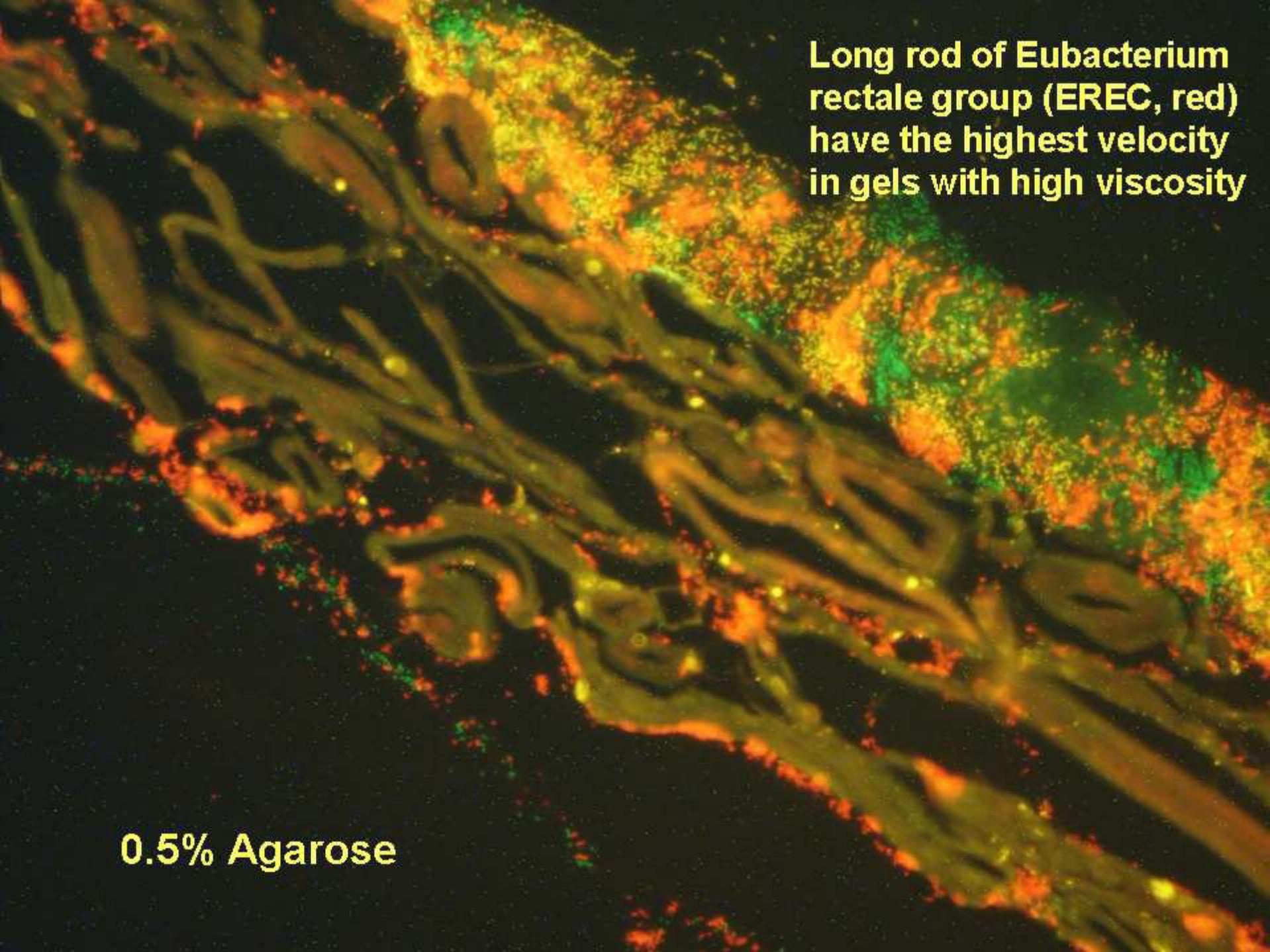


Examples of mobility

Bacterial velocity through gels of different viscosity is species specific. Small coccoid rods of the *Bacteroides* group have the highest velocity in gels with low viscosity



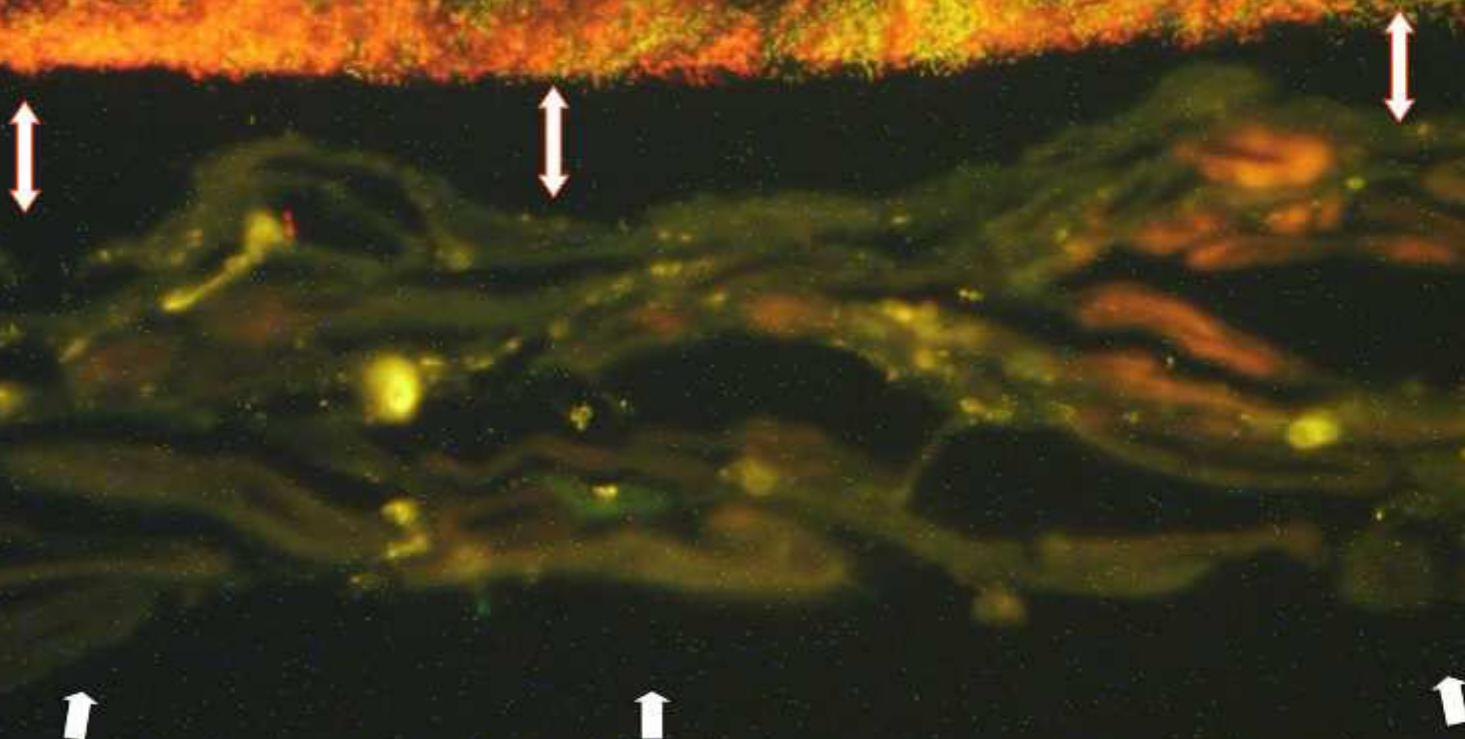
0.2% Agarose

A fluorescence micrograph showing bacterial motility in agarose gels. The bacteria appear as bright, glowing streaks against a dark background. The streaks are composed of numerous small, brightly fluorescing dots, likely representing individual bacterial cells or flagellar tips. The overall pattern suggests a complex, swirling movement of the bacteria through the gel matrix.

Long rod of *Eubacterium rectale* group (EREC, red) have the highest velocity in gels with high viscosity

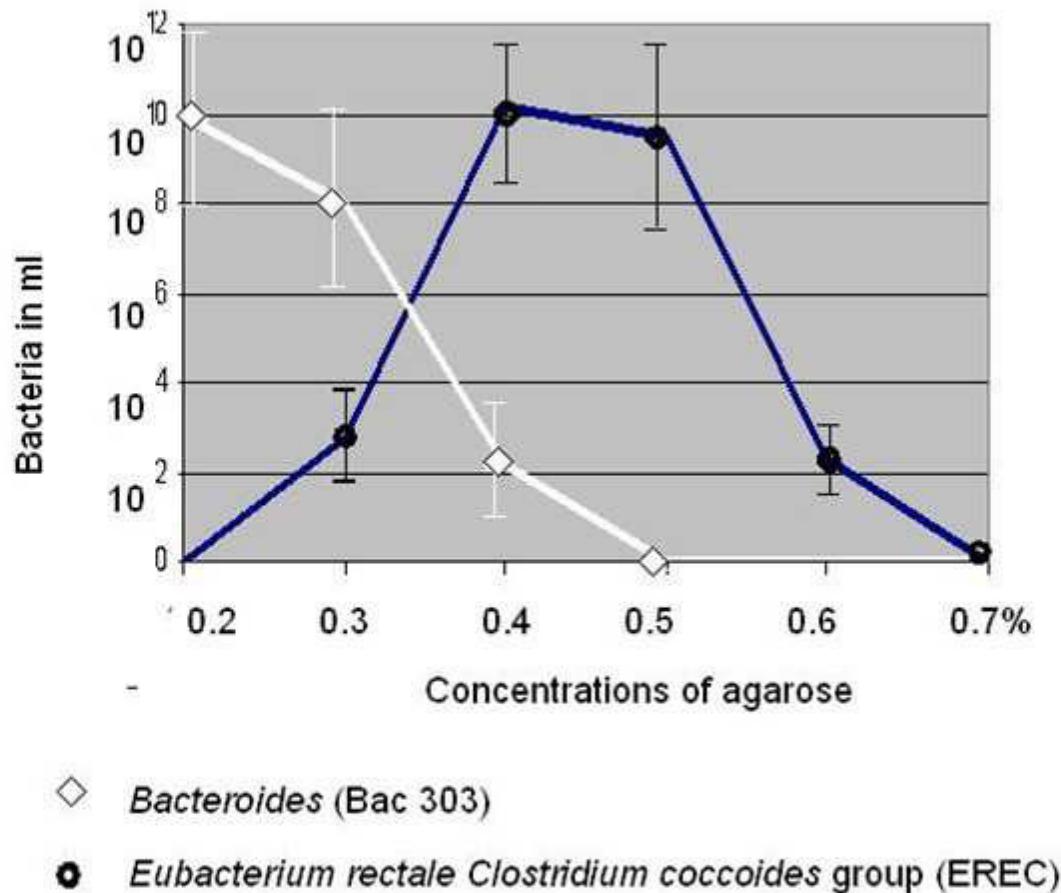
0.5% Agarose

0.7% agarose (arrows)



↑↑
↑↑
↑↑
note absence of bacteria below membrane and a gap between bacteria and membrane indicating a lack of bacterial movement across gel layer (double headed arrows)

Figure 2

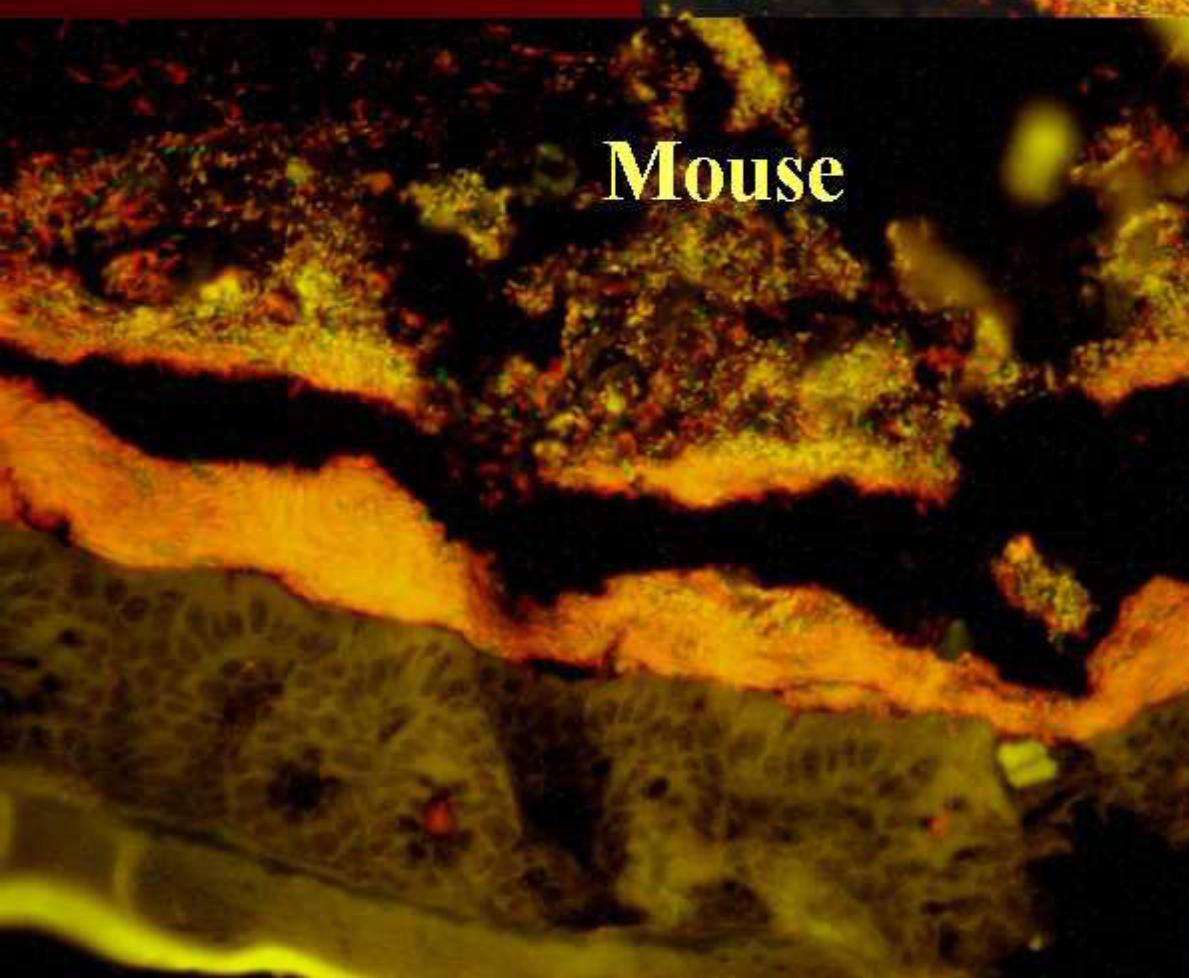


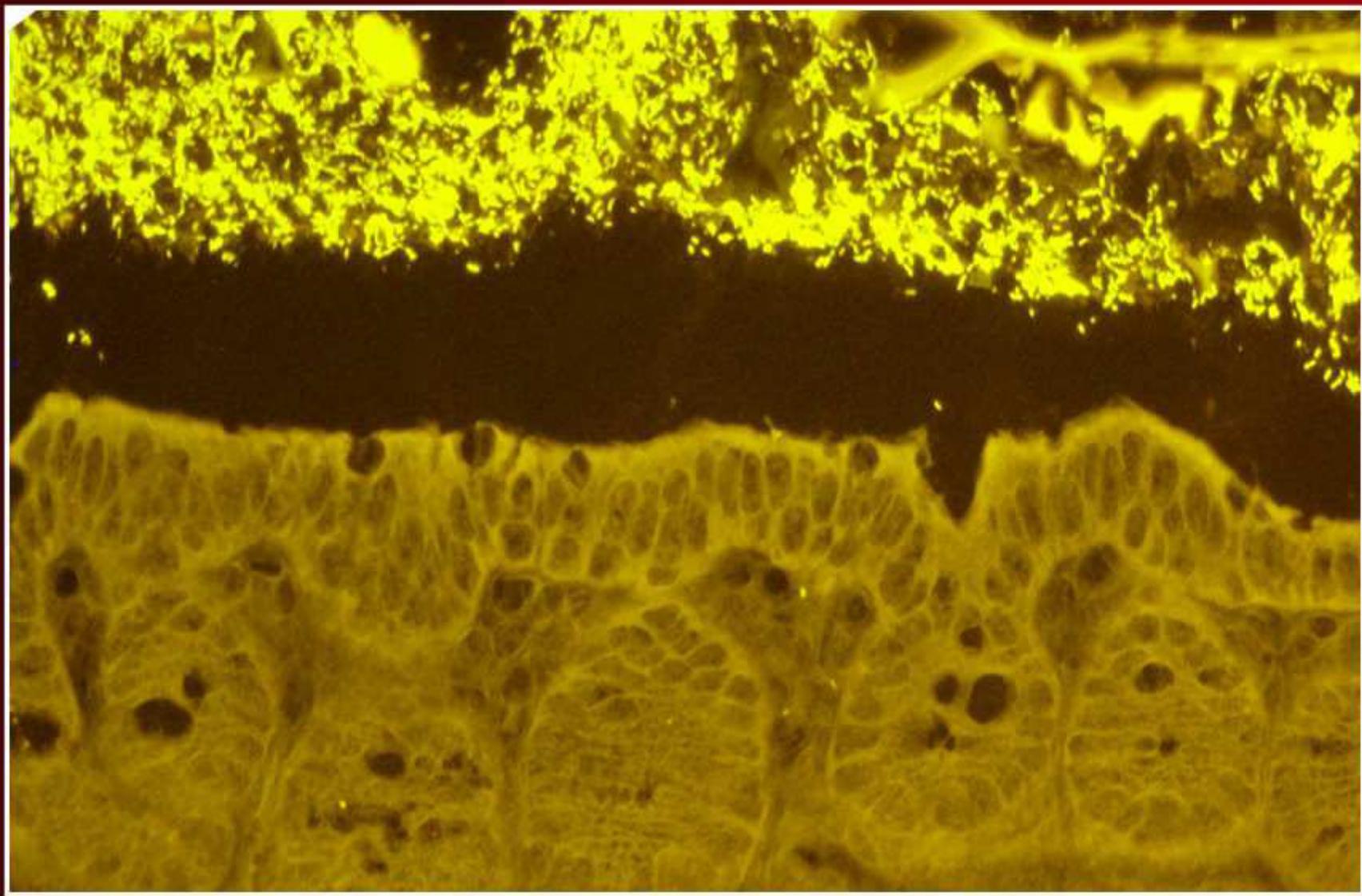
The viscosity-dependent changes in the concentrations of bacteria moving across *LB*-agarose after 20 hours of anaerobic growth.

Interlaced layer

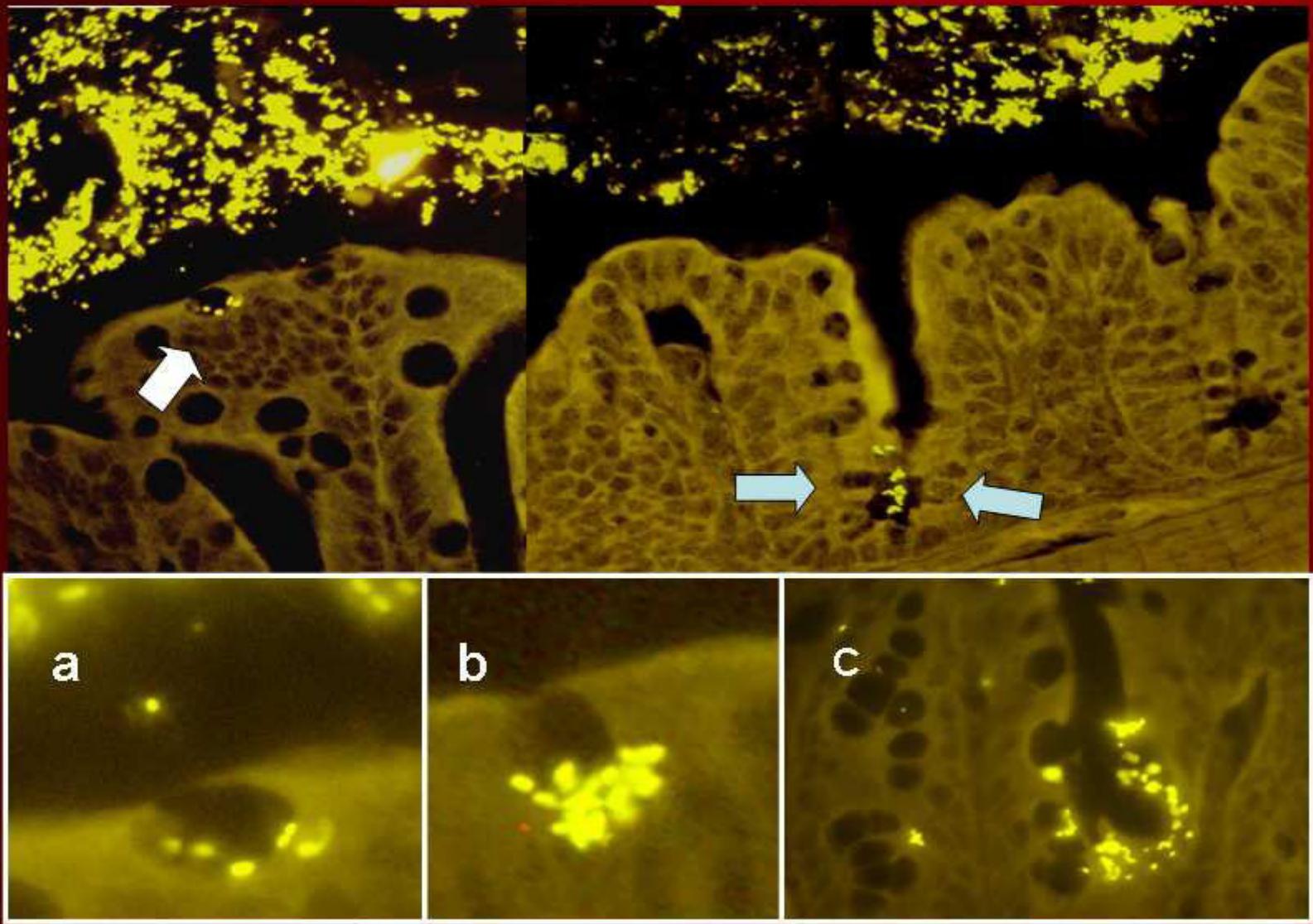
In vitro
model

Mouse



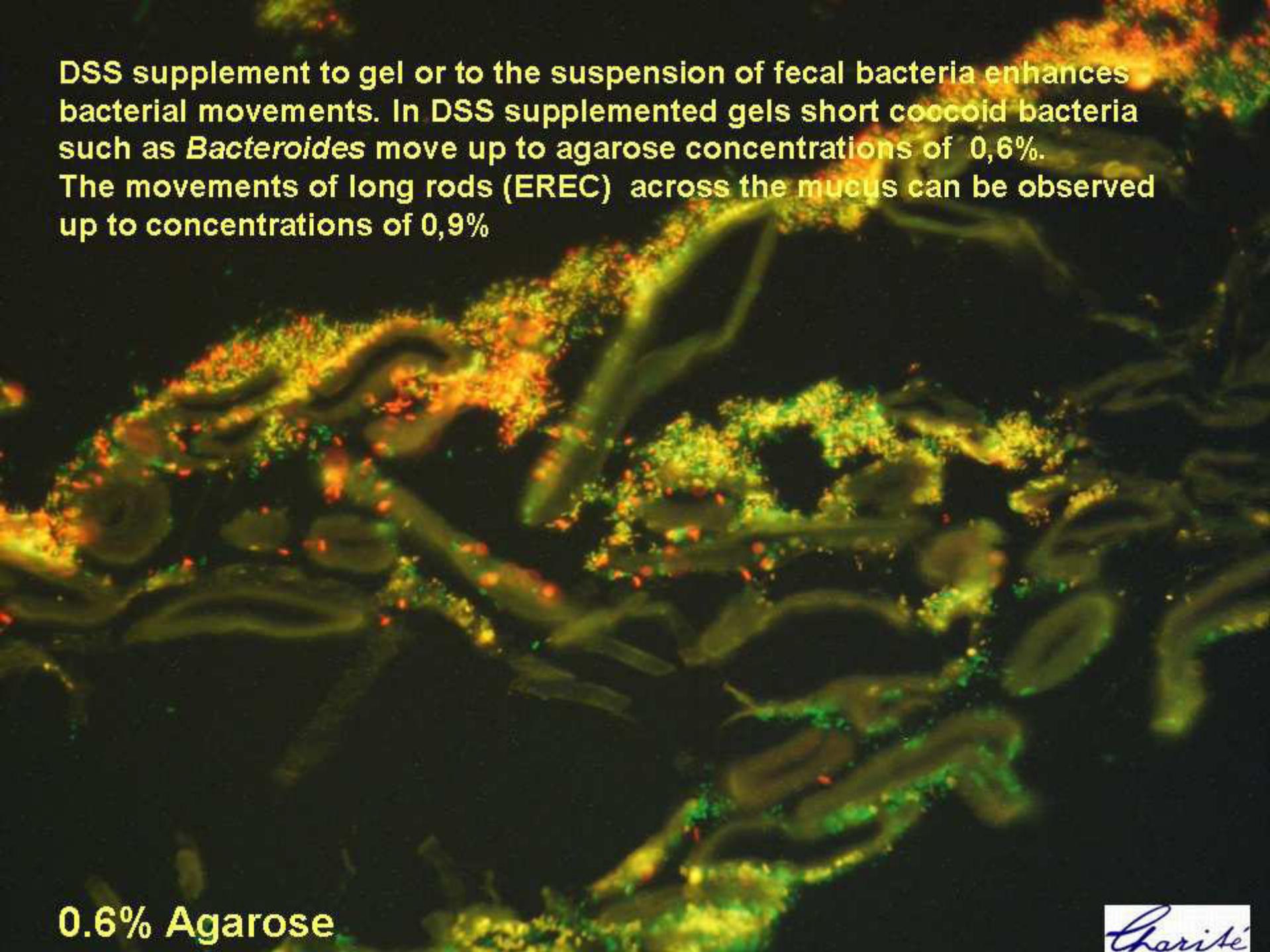


- Distal colon of mice mono-associated with *Enterobacter cloacae*



Proximal colon of mice mono-associated with *Enterobacter cloacae*

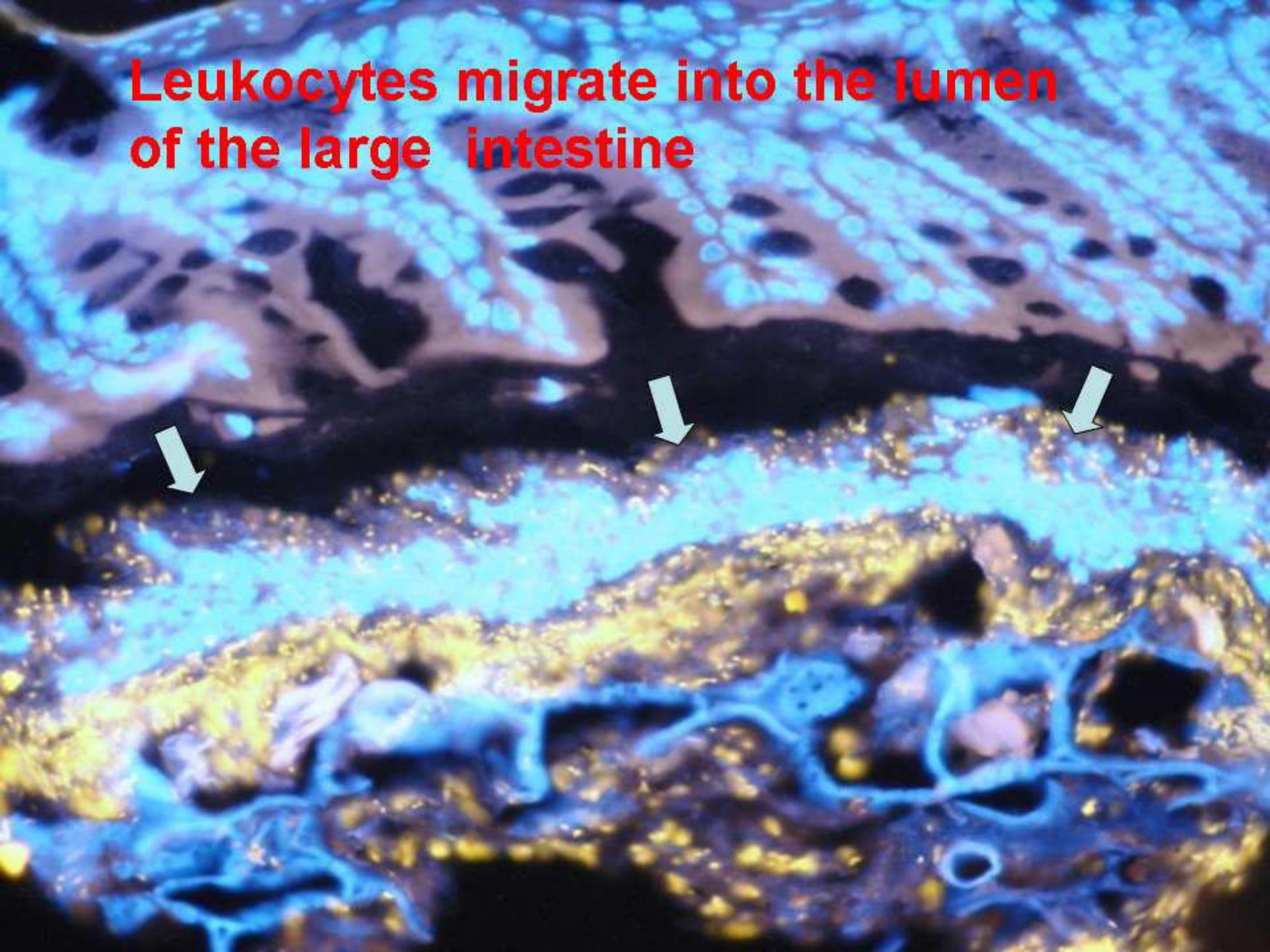
DSS supplement to gel or to the suspension of fecal bacteria enhances bacterial movements. In DSS supplemented gels short coccoid bacteria such as *Bacteroides* move up to agarose concentrations of 0,6%. The movements of long rods (EREC) across the mucus can be observed up to concentrations of 0,9%

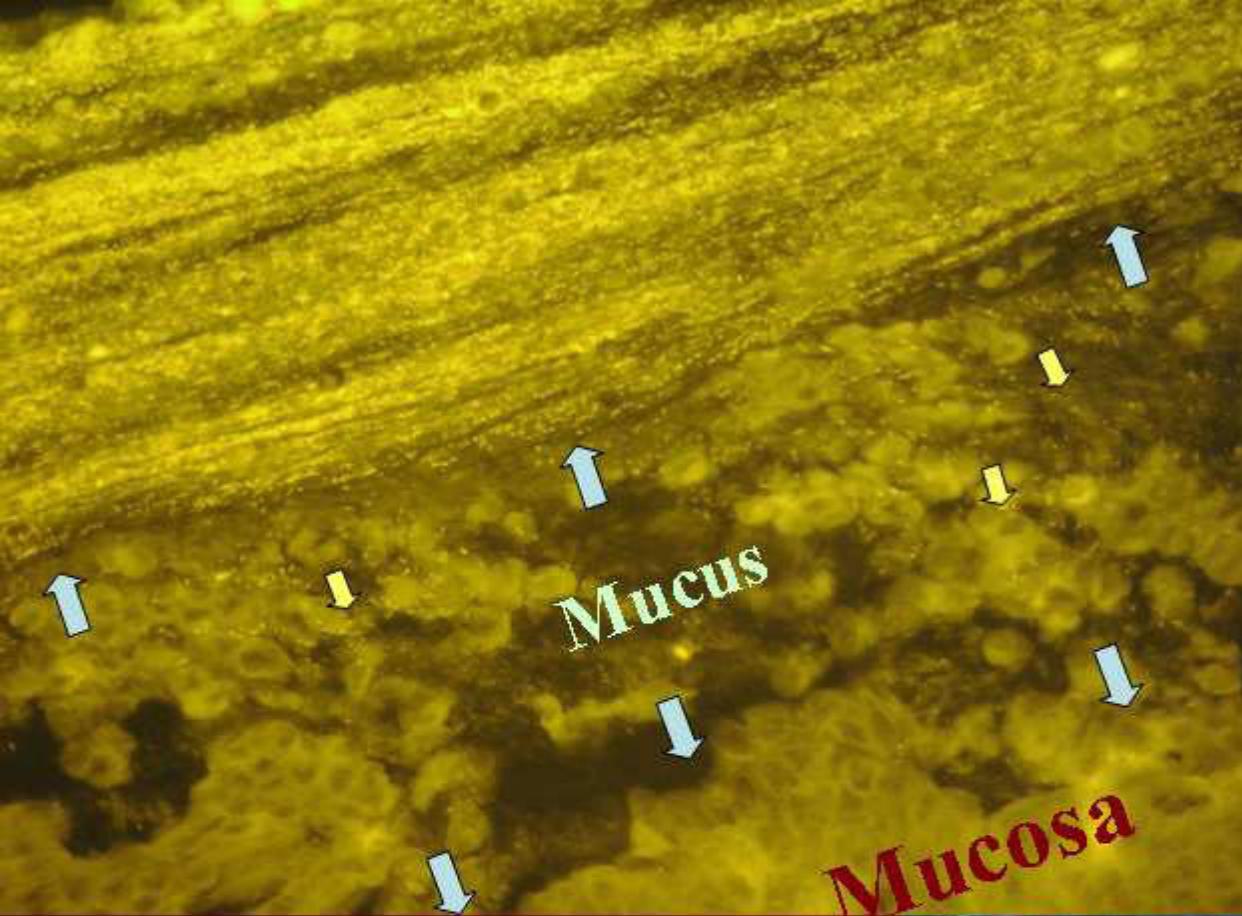


0,6% Agarose

Charité

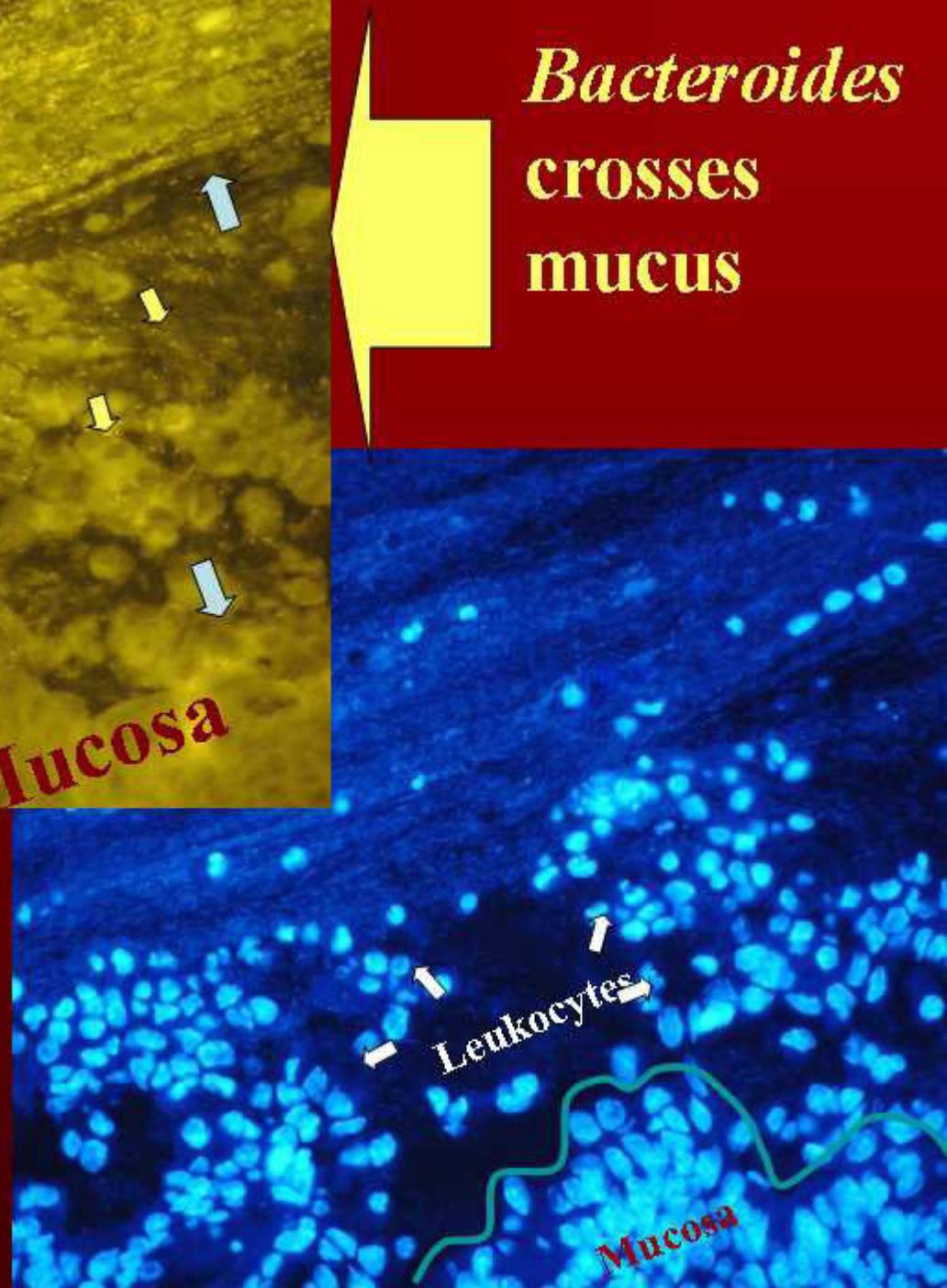
Leukocytes migrate into the lumen of the large intestine

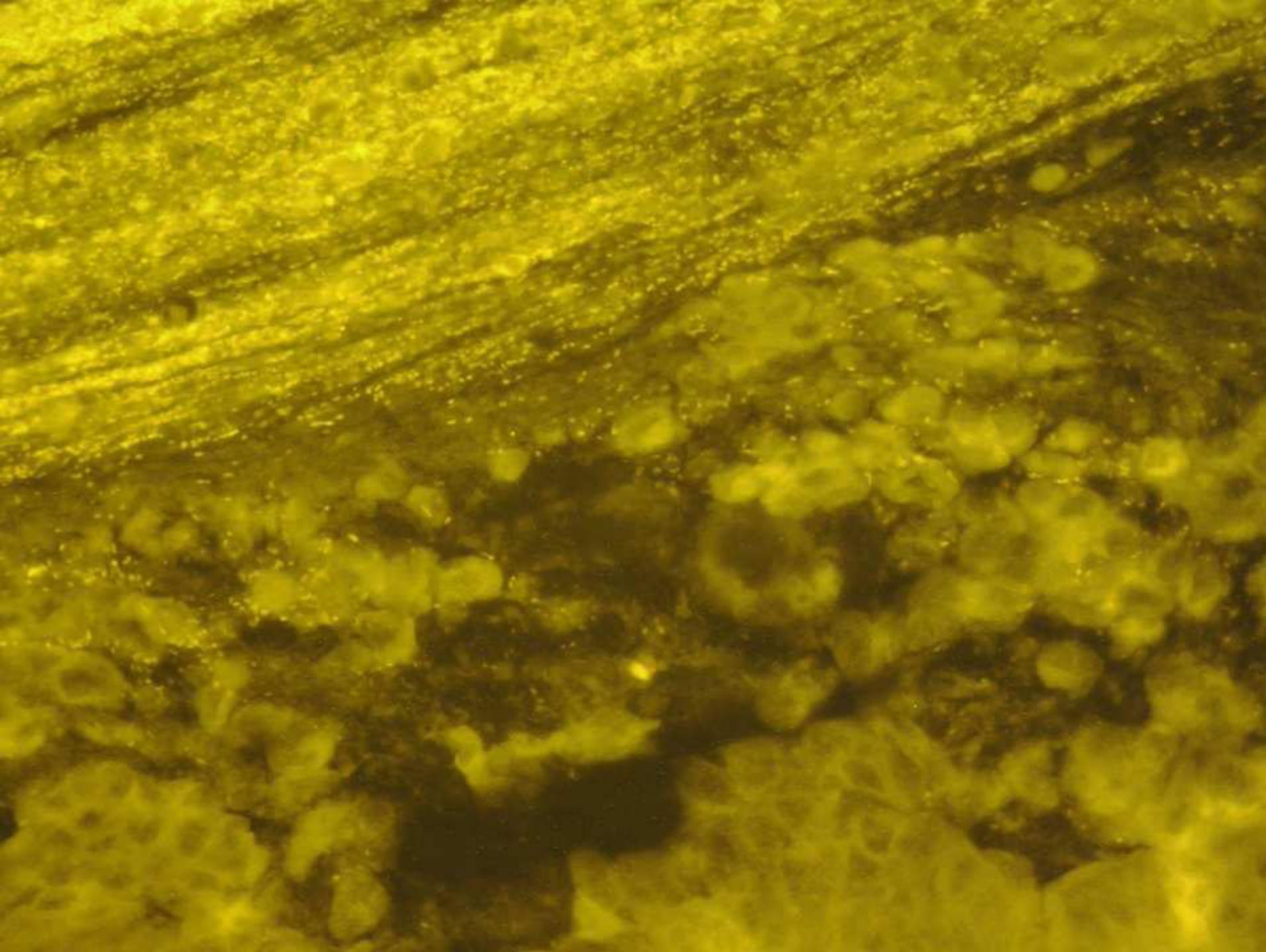




Bacteroides
crosses
mucus

The same microscopic field in DAPI shows leukocytes (large blue nuclei) migrating in mucus and hindering *Bacteroides* movement towards mucosa, normally only single leukocytes are present in mucus

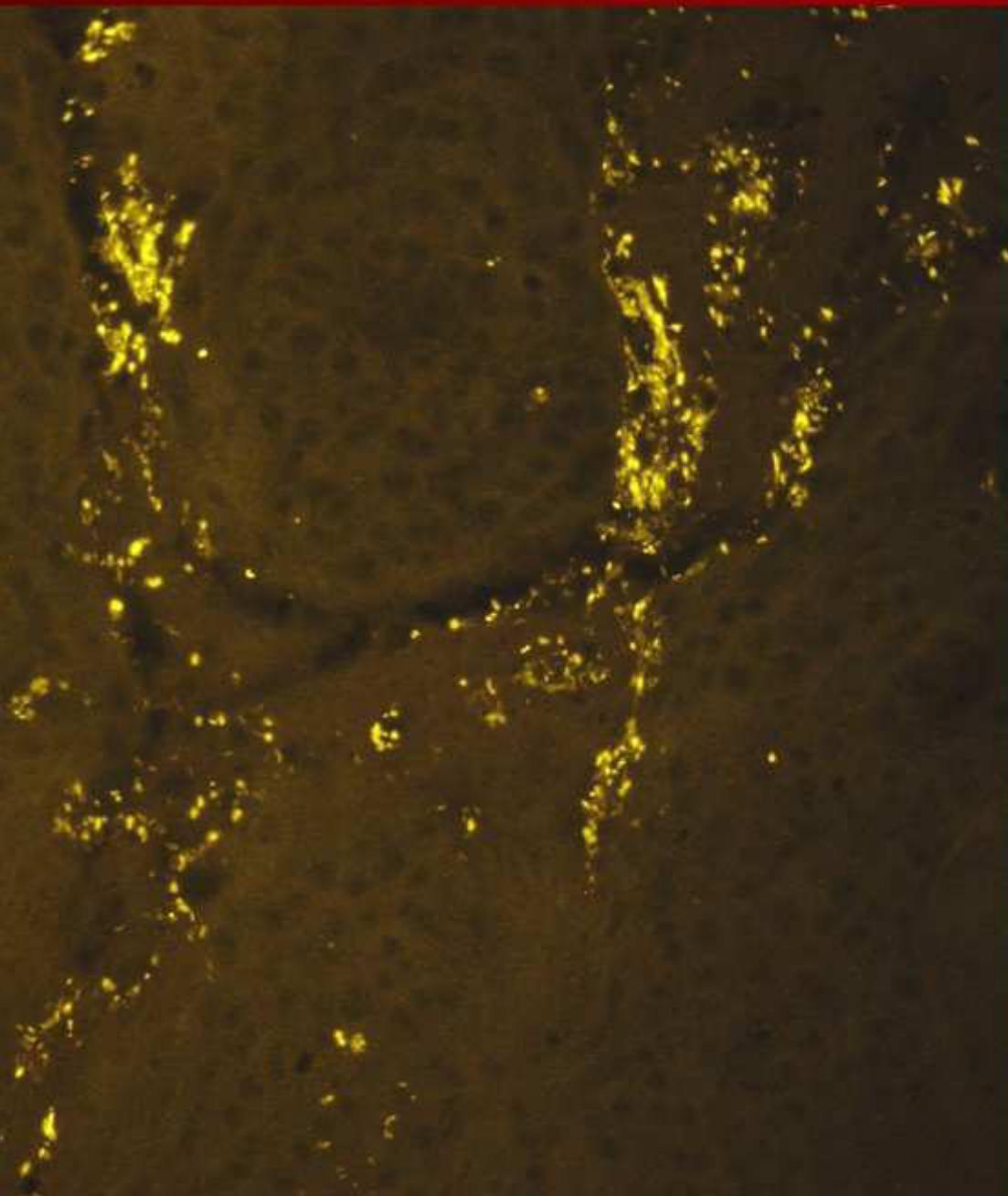




Bacteroides-adhesion to the colonic
wall

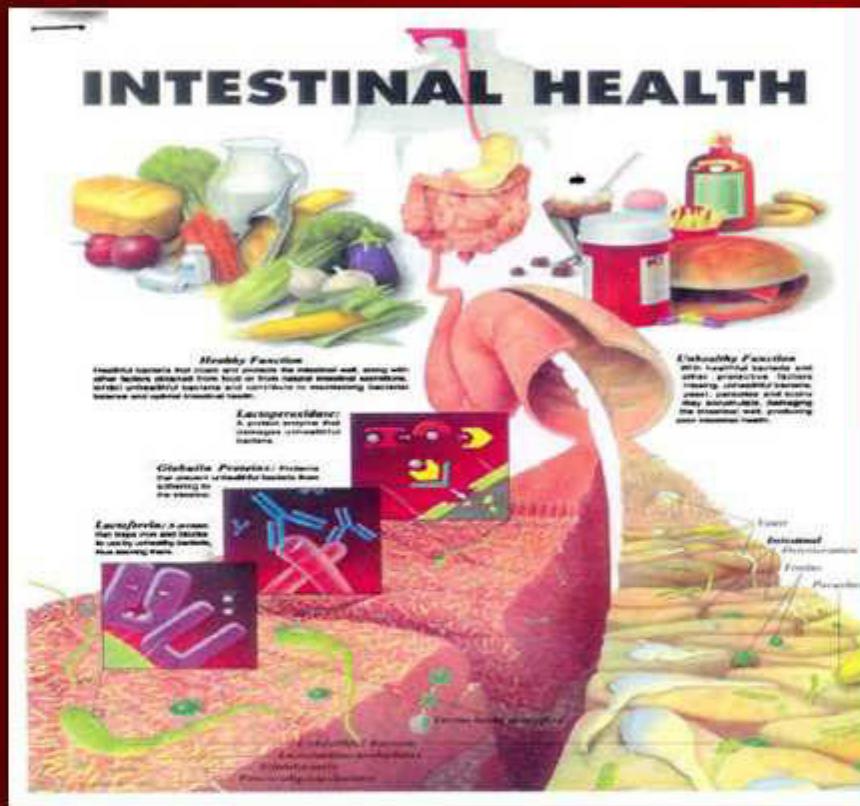


Tissue infiltration
by *Bacteroides*



Tolerance

normal
Flora



E. coli

Bacteroides

Clostridium difficile

Enterococci

Inflammatory Response

Enteral
Pathogens

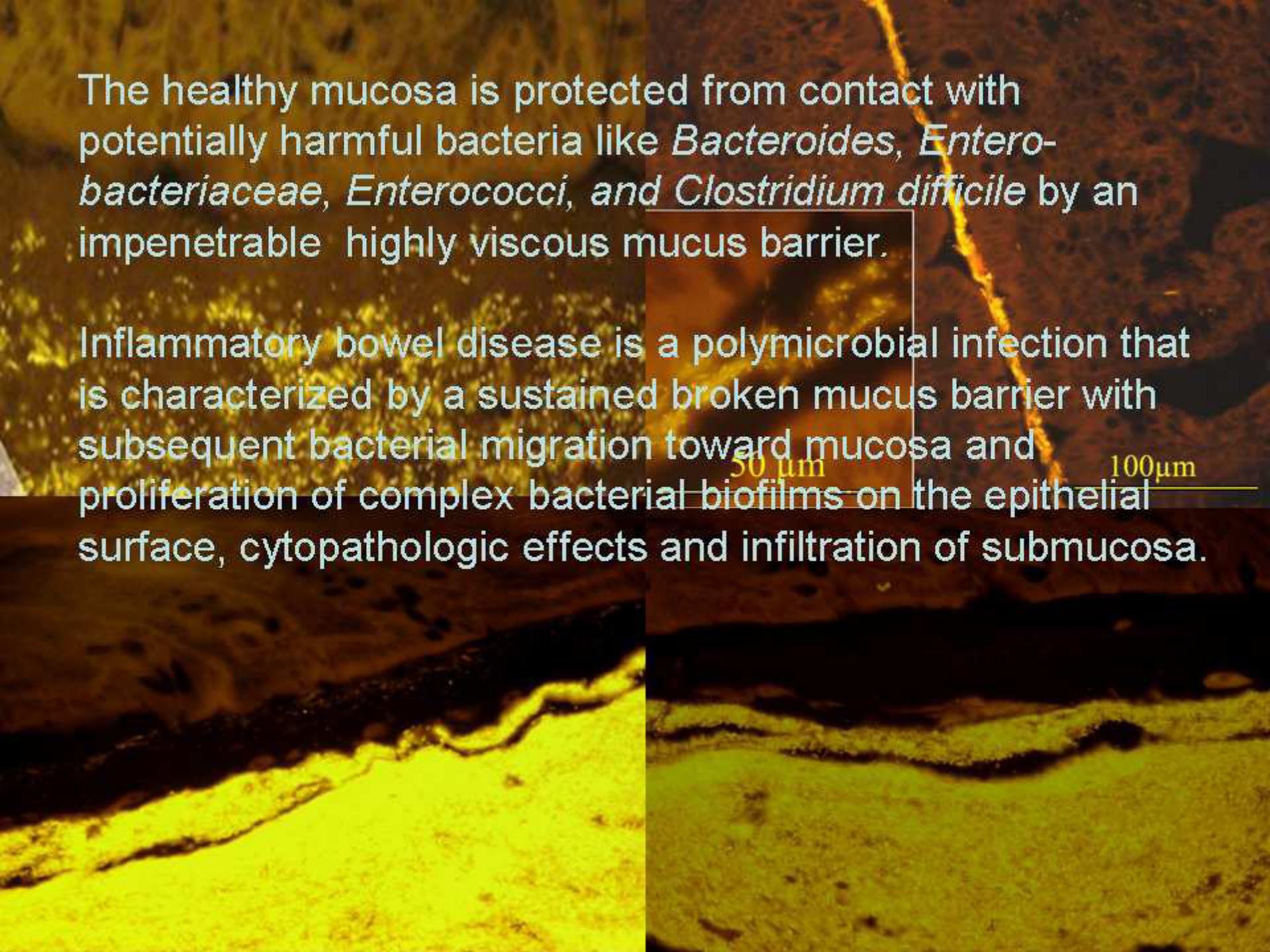


Salmonella

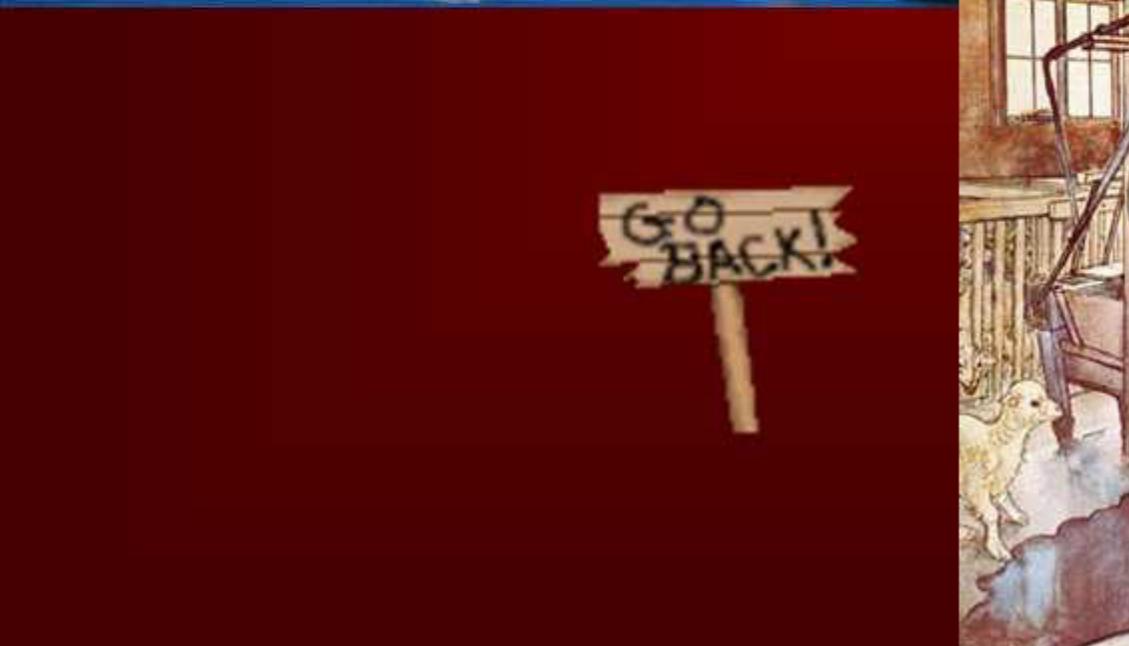
Shigella

The healthy mucosa is protected from contact with potentially harmful bacteria like *Bacteroides*, *Enterobacteriaceae*, *Enterococci*, and *Clostridium difficile* by an impenetrable highly viscous mucus barrier.

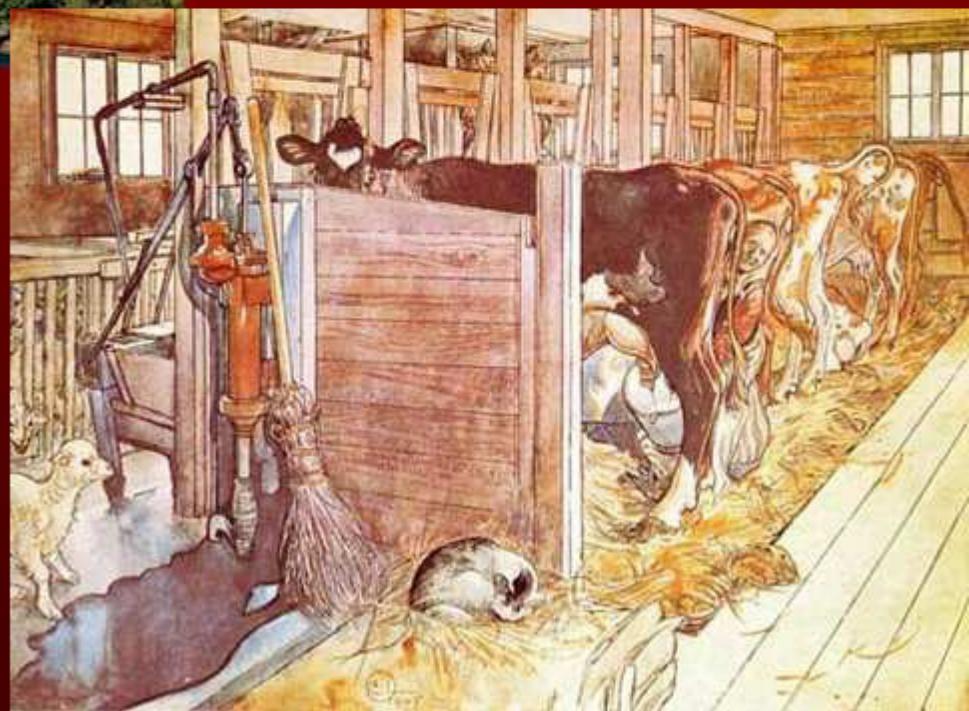
Inflammatory bowel disease is a polymicrobial infection that is characterized by a sustained broken mucus barrier with subsequent bacterial migration toward mucosa and proliferation of complex bacterial biofilms on the epithelial surface, cytopathologic effects and infiltration of submucosa.







Hygiene hypothesis

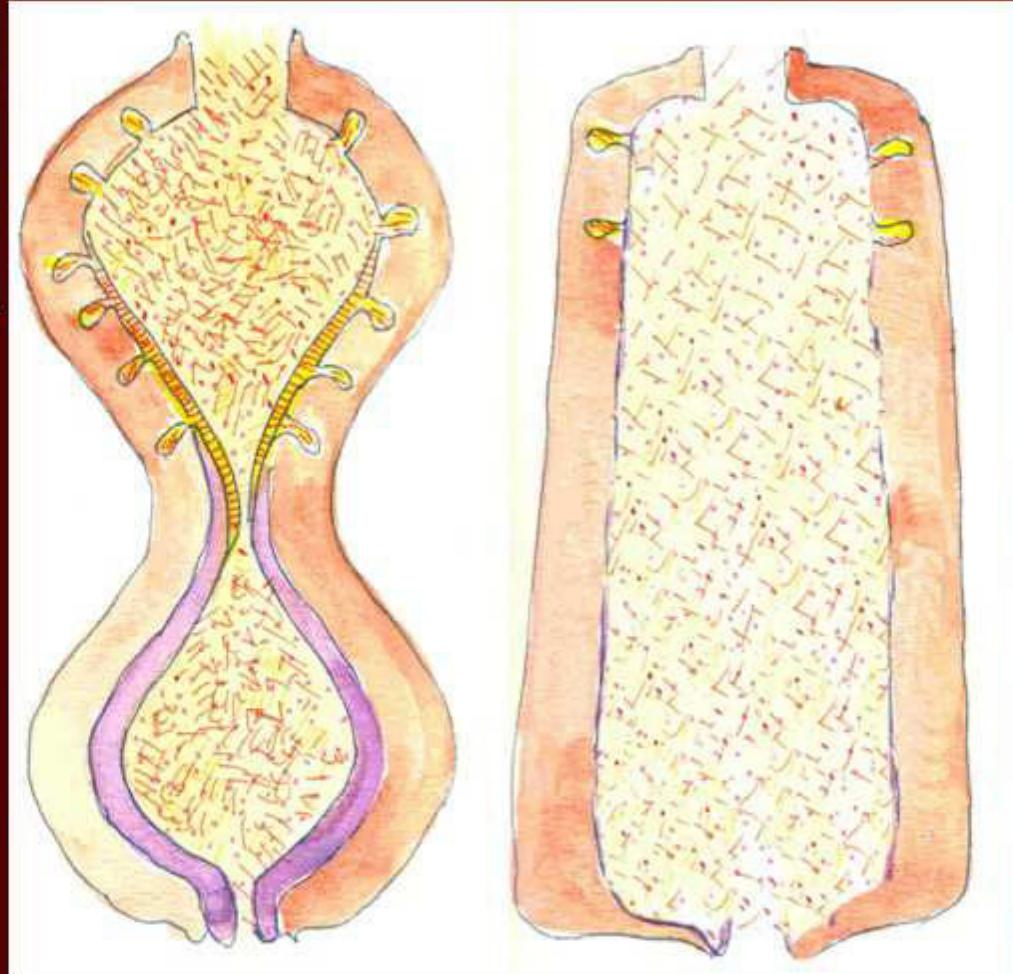


Kochen mit dem WOK



Indien, **Mini Auberginen**,
Südafrika, **Mini Zucchini**,
Peru, **Mini Spargel grün oder**
Kenia, **Kaiserschoten**
KL.I, 100 g = 1.00, **je 200-g-Packung**

1 99



**Soaps and emulsifying substances make our environment clean.
They may however have the same effect on the mucus of man
as DSS on the mucus of mouse.**

Factors affecting mucus barrier

Exogenic:

Detergents:

Bacterial virulence:

Glutens as natural emulsifiers need bacteria
to be pathogenetic

Smoking

Endogenic:

Bile acids are normally fully resorbed in ileum
but lead to diarrhea if arrive in large intestine

Defensins, Antibodies draining

Probiotics, Prebiotics,

Oligonucleotids Nucleinacidsderivates

Inflammatory response

Genetic

NOD 2 Mutation

[E425](#), Konjak

[E432 bis E436](#), Polysorbita

- E432, Polyoxethylen-sorbitan-monolaurat (Polysorbate 20)
- E433, Polyoxethylen-sorbitan-monoleat (Polysorbate 30)
- E434, Polyoxethylen-sorbitan-monopalmitat (Polysorbate 40)
- E435, Polyoxethylen-sorbitan-monostearat (Polysorbate 60)
- E436, Polyoxethylen-sorbitan-tristearat (Polysorbate 65)

[E440](#), Pektine, Amidiertes Pektin

[E442](#), Ammoniumsalze von Phosphatsäuren

[E444](#), Saccharose-acetat-isobutyrat

[E445](#), Glycerinester aus Wurzelharz/Kohlephonester

[E450 bis E452](#), Phosphate

[E459](#), Beta-Cyclodextrin

[E460 bis E469](#), Cellulose und Celluloseverbindungen

- E460, Cellulose, Mikrokristalline Cellulose, Cellulosepulver
- E461, Methylcellulose
- E463, Hydroxypropylcellulose
- E464, Hydroxypropylmethylcellulose
- E465, Ethylmethylcellulose
- E466, Carboxymethylcellulose, Natriumcarboxymethylcellulose
- E468, Vernetzte Natrium-Carboxymethylcellulose
- E469, Enzymatisch hydrolysierte-Carboxymethylcellulose
- [E470a und E470b](#), Salze von Speisefettsäuren
- E470a, Natrium-, Kalium- und Calciumsalze von Speisefettsäuren
- E470b, Magnesiumsalze von Speisefettsäuren
- [E471 bis E472c](#), Mono- und Diglyceride von Speisefettsäuren
- E471, Mono- und Diglyceride von Speisefettsäuren, Monoglycerid
- E472a, Essigsäureester von Mono- und Diglyceriden von Speisefettsäuren
- E472b, Milchsäureester von Mono- und Diglyceriden von Speisefettsäuren
- E472c, Citronensäureester von Mono- und Diglyceriden von Speisefettsäuren
- E472d, Weinsäureester von Mono- und Diglyceriden von Speisefettsäuren
- E472e, Mono- und Diacetylweinsäureester von Mono- und Diglyceriden von Speisefettsäuren
- E472f, Gemischte Essig- und Weinsäureester von Mono- und Diglyceriden von Speisefettsäuren

[E473](#), Zuckerester von Speisefettsäuren

[E474](#), Zuckerglyceride

[E475](#), Polyglycerinester von Speisefettsäuren, Polyglycerinester

[E476](#), Polyglycerin-Polyinicoleat

[E477](#), Propylenglycolester von Speisefetten

[E479](#), Thermooxidiertes Sojaöl mit Mono- und Diglyceriden von Speisefettsäuren

[E481 bis E483](#), Natriumstearoyl-2-lactylat, Calciumstearoyl-2-lactylat, Stearylactat

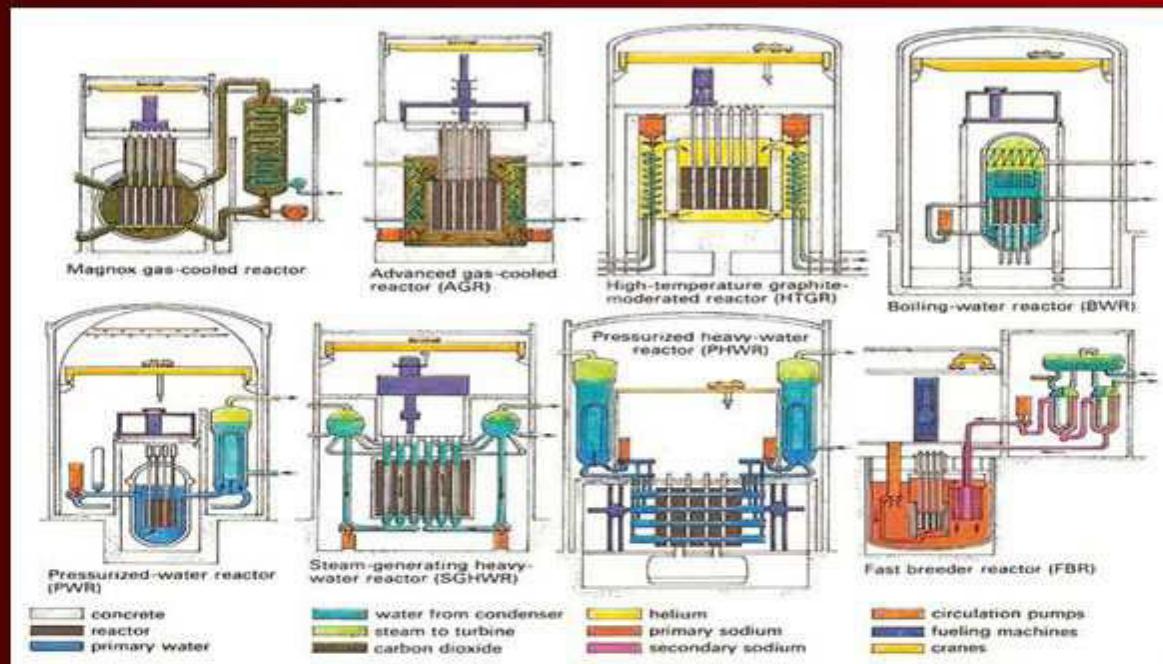
[E491 bis E495](#), Stearin- und Palmitatverbindungen

[E491](#), Sorbitanmonoacetat

Possible ways to remodel the mucus barrier

- Selective control of mucus secretion and dehydration
(analogues of cortisol)
Induction of a higher differentiation of epithelial cells, which leads to switch from mainly secretory to adsorptive function
(analogues of anti TNF suppressing apoptosis, MTX, Azathioprine?)
- Suppression of adherent bacterial biofilms
(effects of 5-ASA)
- Reduction of the burden of detergents and emulsifiers in our foods
- (Colestyramine, Ursofalk)
- Eradication of occasional pathogens comprising mucus barrier like Enteroadhesive E.coli, Fusobacterium nucleatum, Serpulina
(antibiotics, probiotics?)
- Simulation of innate immunity
(GM CSF, Interferon, probiotics?)
- Regulation of CNS (Amitriptyline) and local neuronal control (Imodium)

Do single isotopes/composition within nuclear plant determine its work?

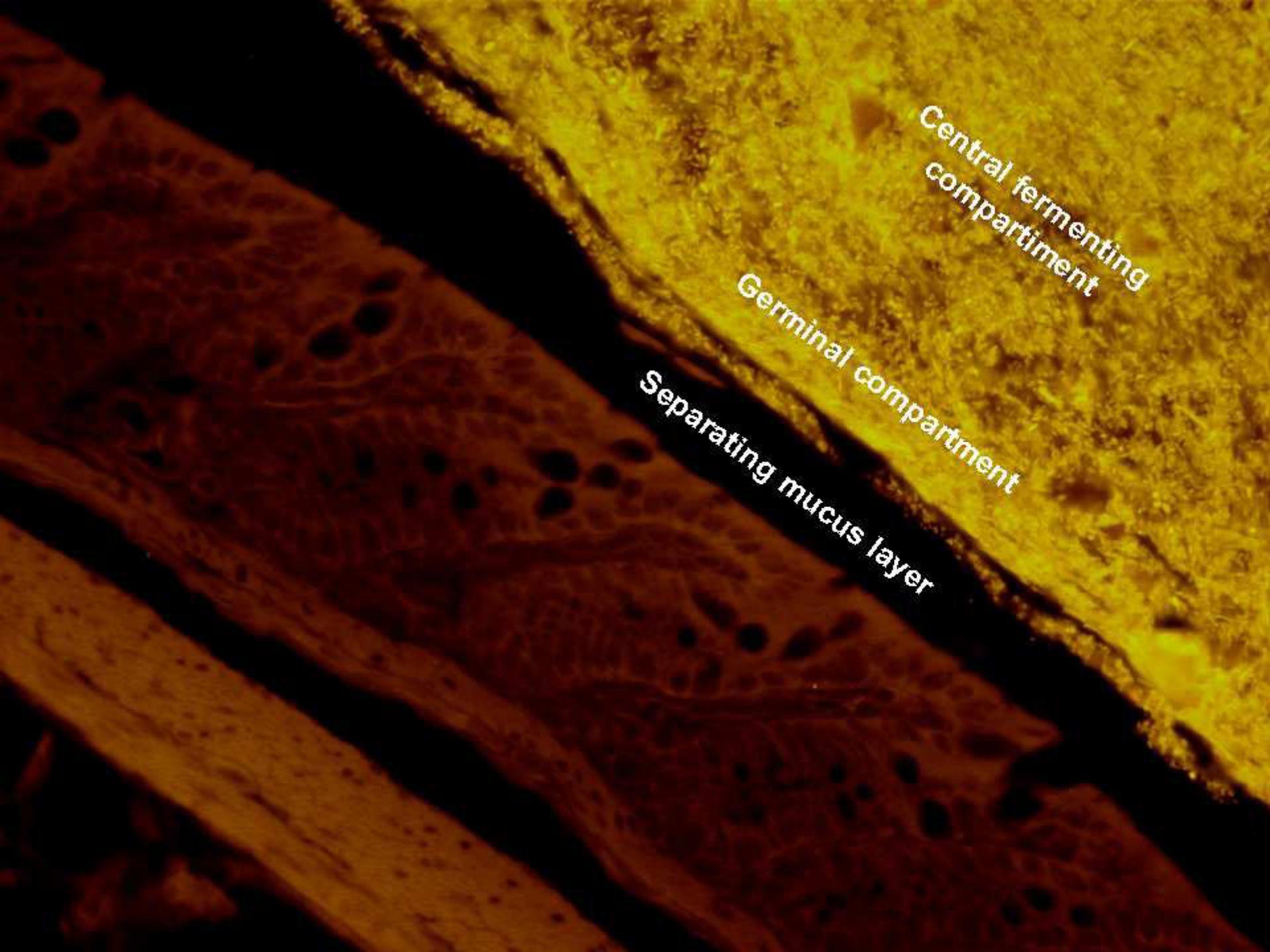


Can the composition of bacteria inside bioreactor help us to understand it?

To understand how the colonic bioreactor works we need interventional studies deliberately changing biochemical power of the bioreactor and monitoring its composition.

Combination of antibiotics together with *Sacharomyces boullardii* is a perfect tool for this purpose.

- **Structure-functional compartment analysis of colonic microbiota**

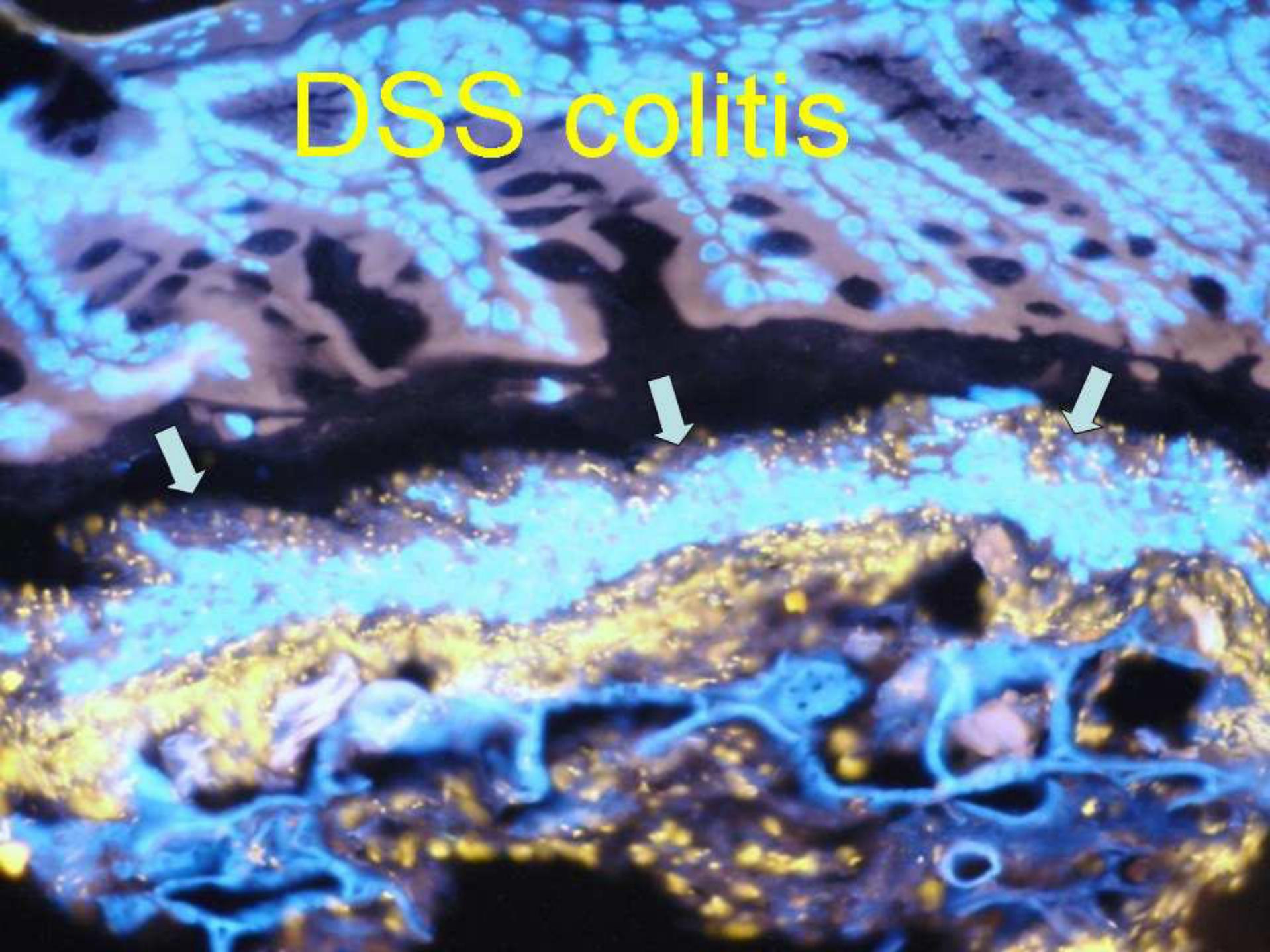


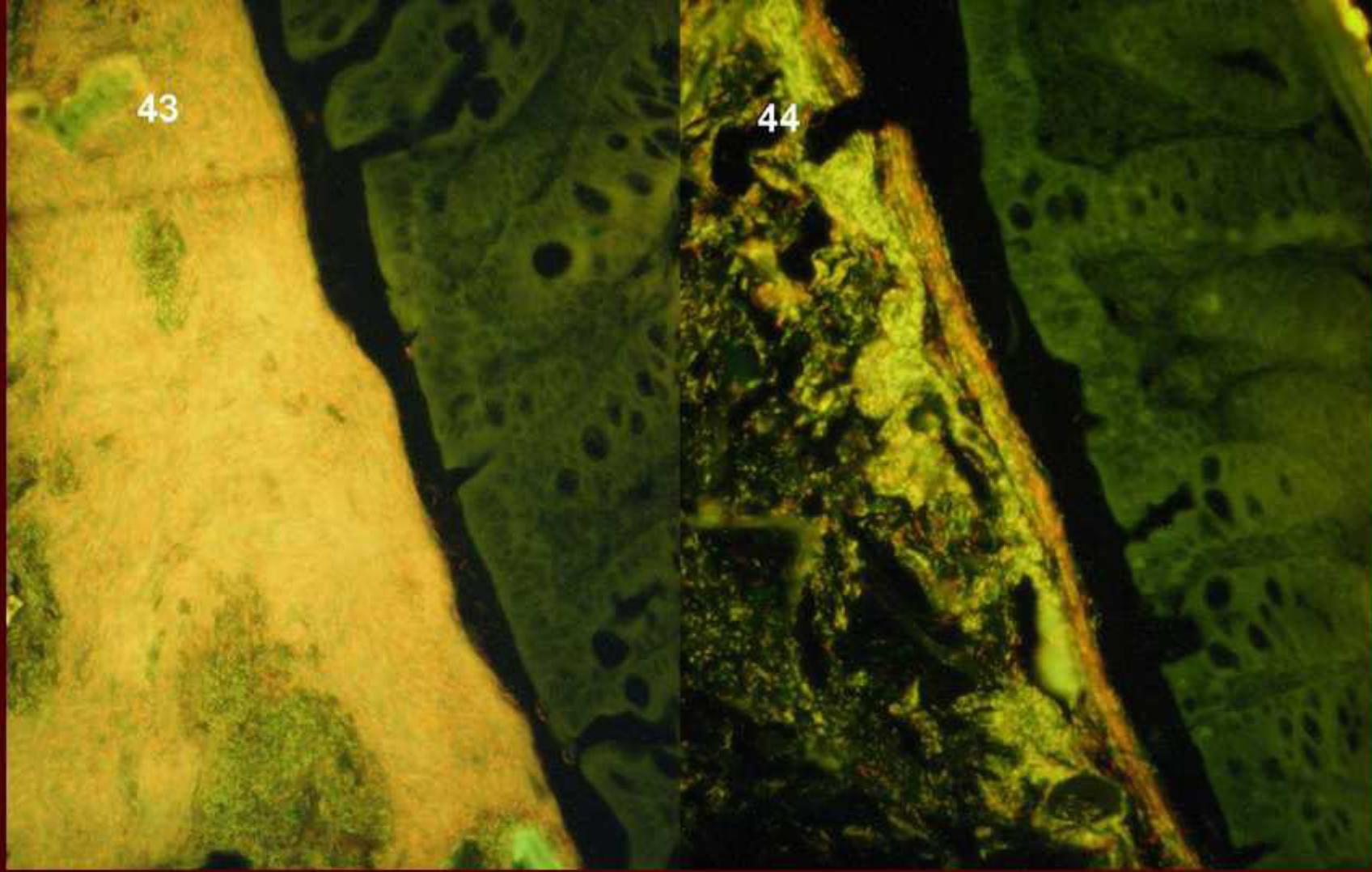
Central fermenting compartment

Germinal compartment

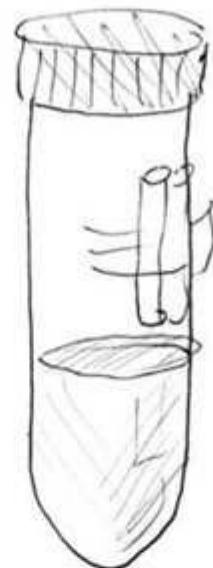
Separating mucus layer

DSS colitis





- Colonic bacteria in the healthy wild-type mouse are diffusely distributed and have similar high concentrations at the center of feces and in the "germinal" zone.
- Bacteria are suppressed in a 28 week-old mouse with IL-10 deficiency, especially at the center of feces. The germinal zone is not involved.



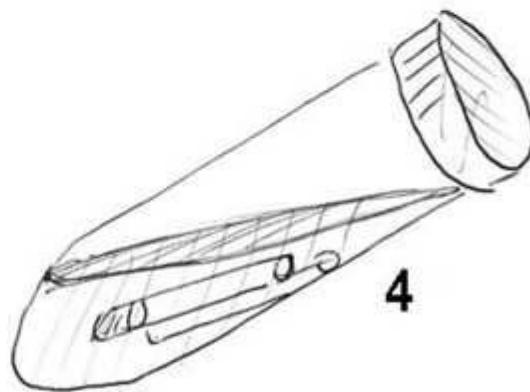
1



2



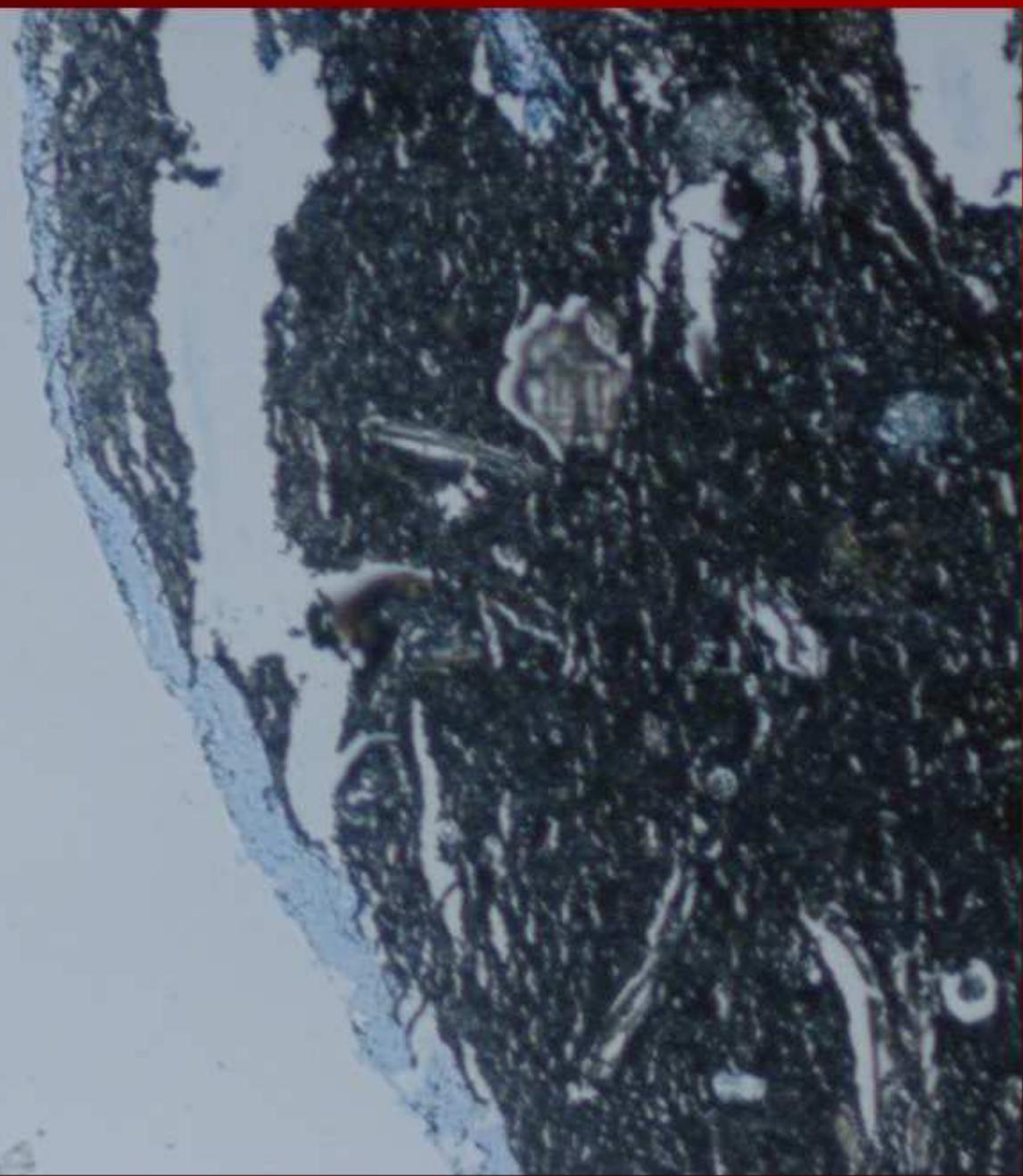
3

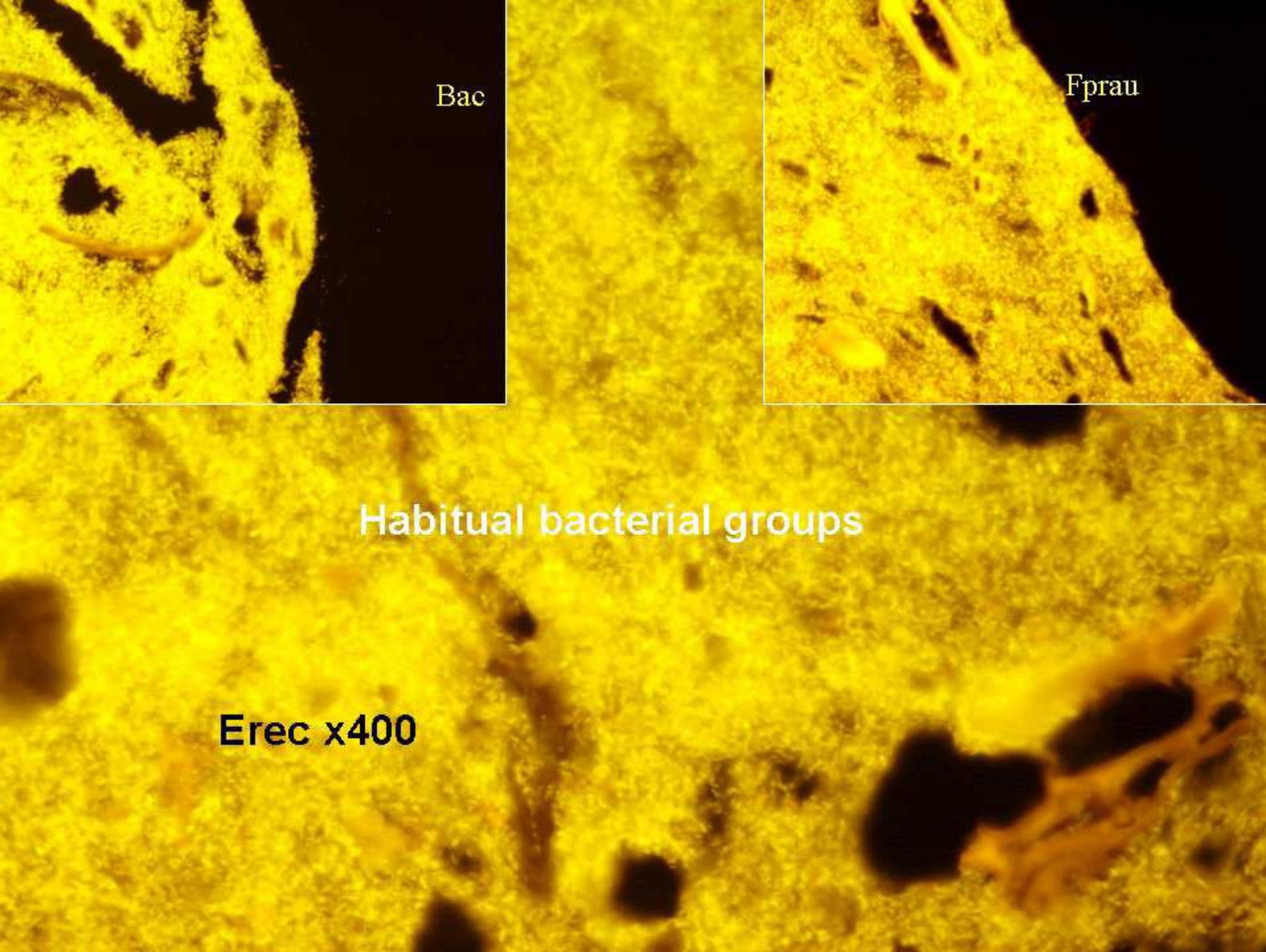


4



5





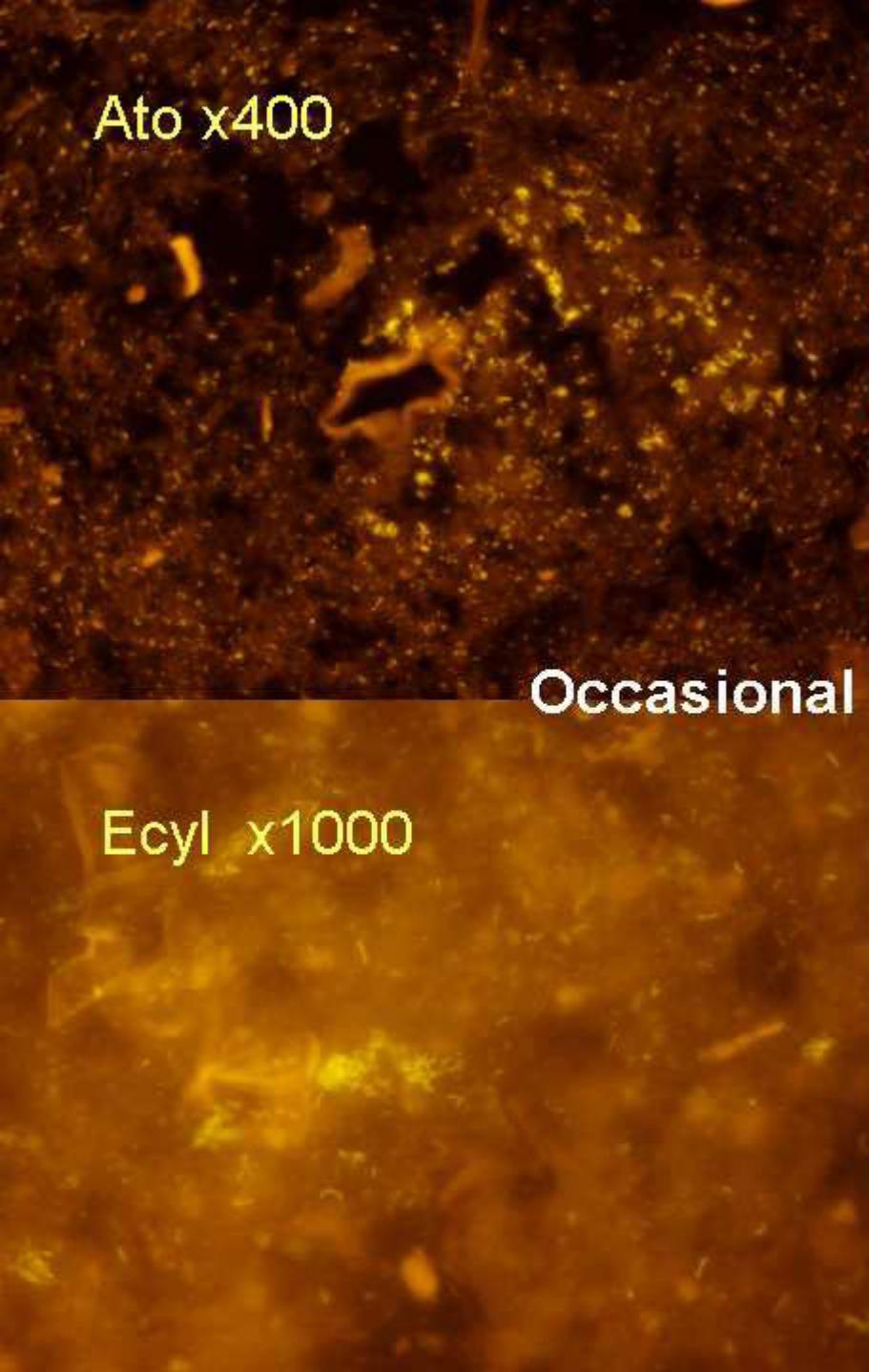
Bac

Fprau

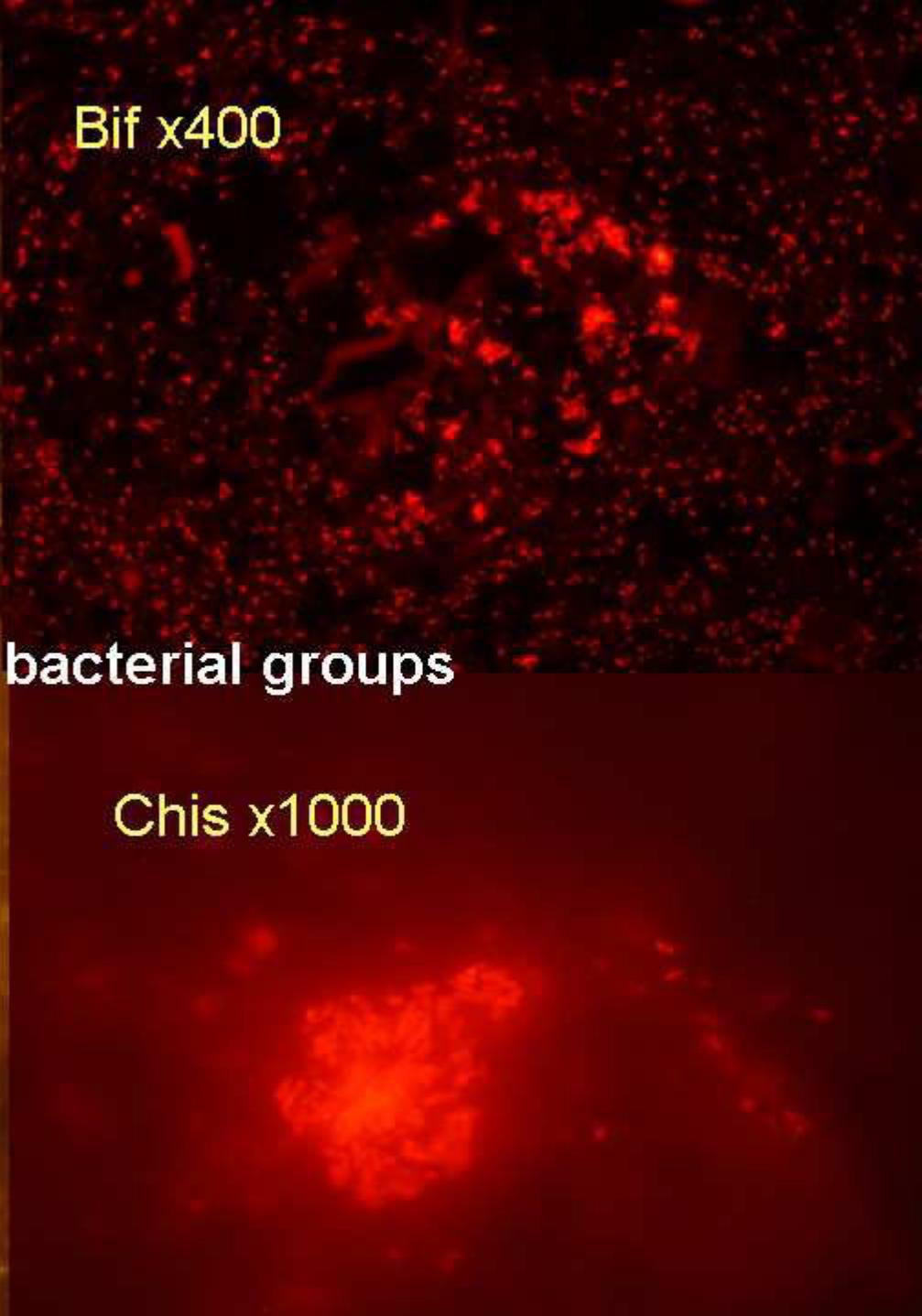
Habitual bacterial groups

Erec x400

Ato x400

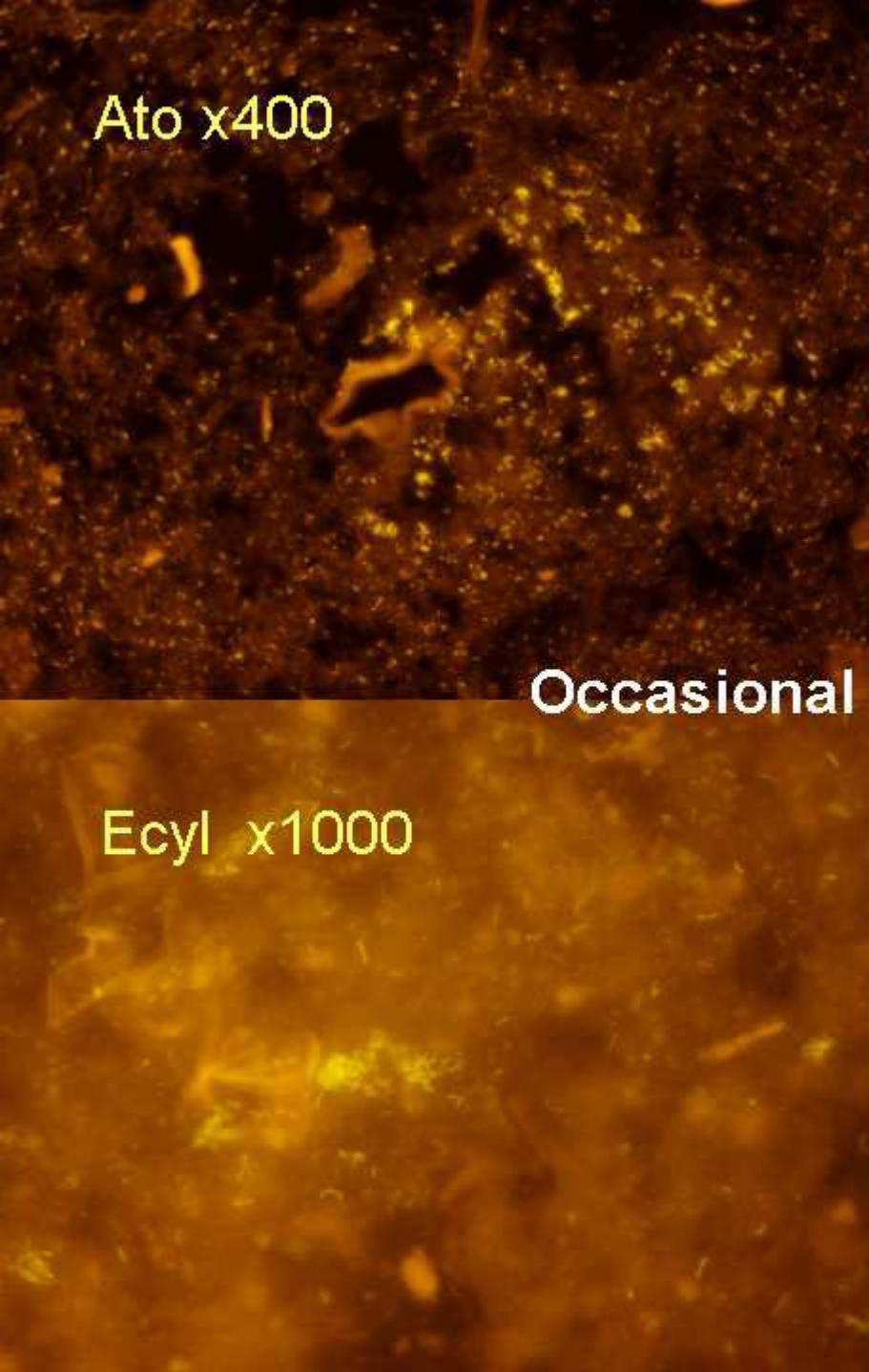


Bif x400

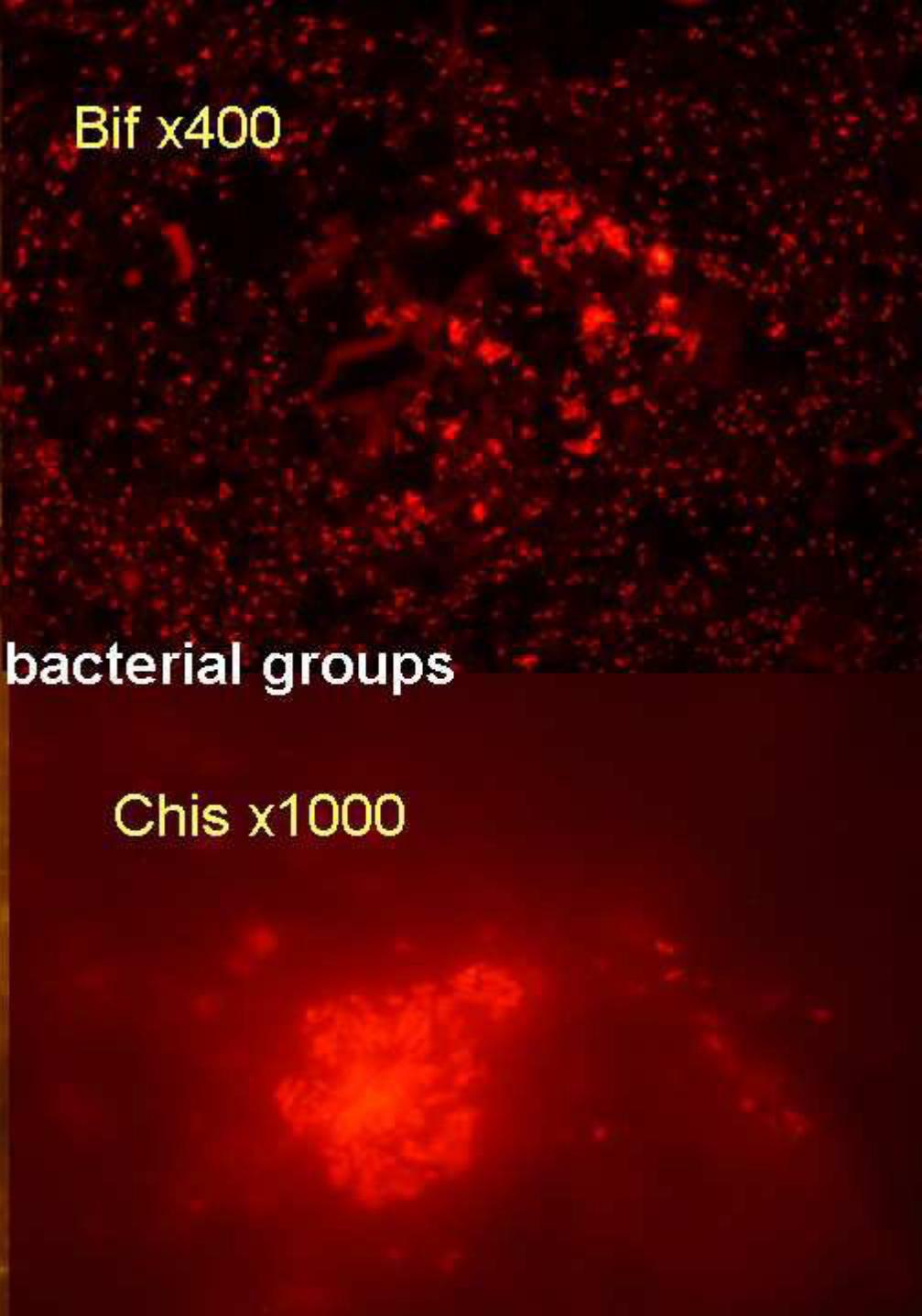


Occasional bacterial groups

Ecyl x1000



Chis x1000



- Protection
- Purgning
- Decontamination
- Restocking

- **Protection**

- Mucus thickening,
- Flatulence,
- colic

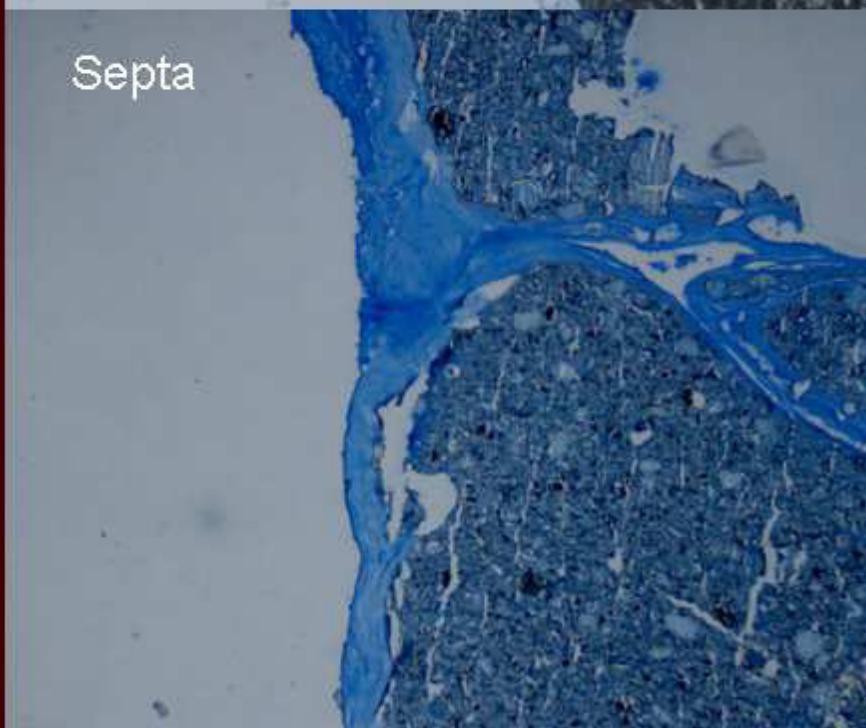
Healthy
Mucus layer



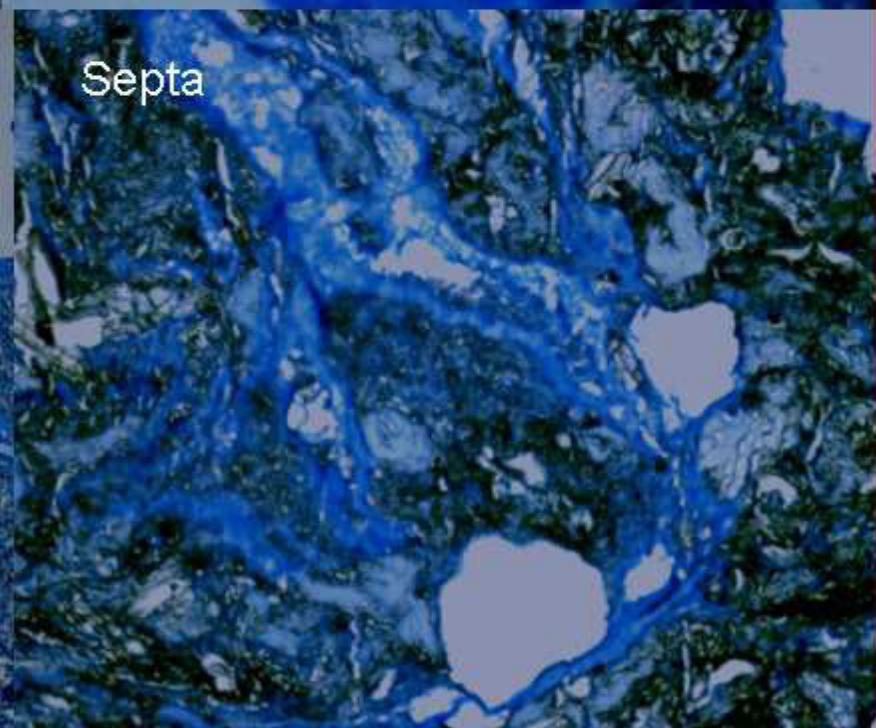
Diarrhoea
Mucus layer



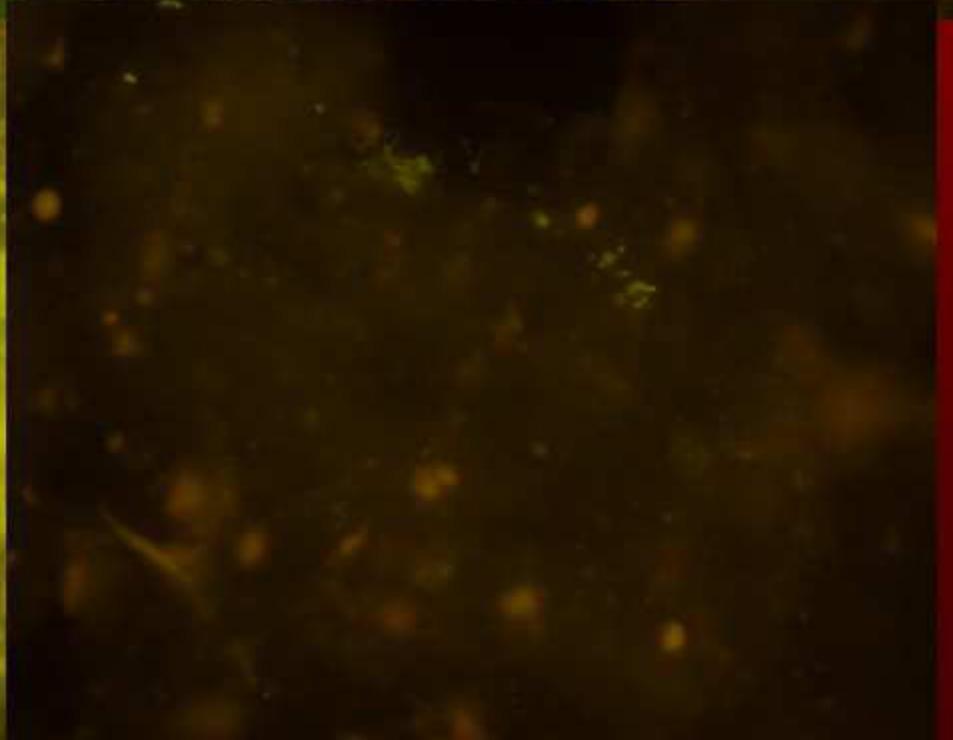
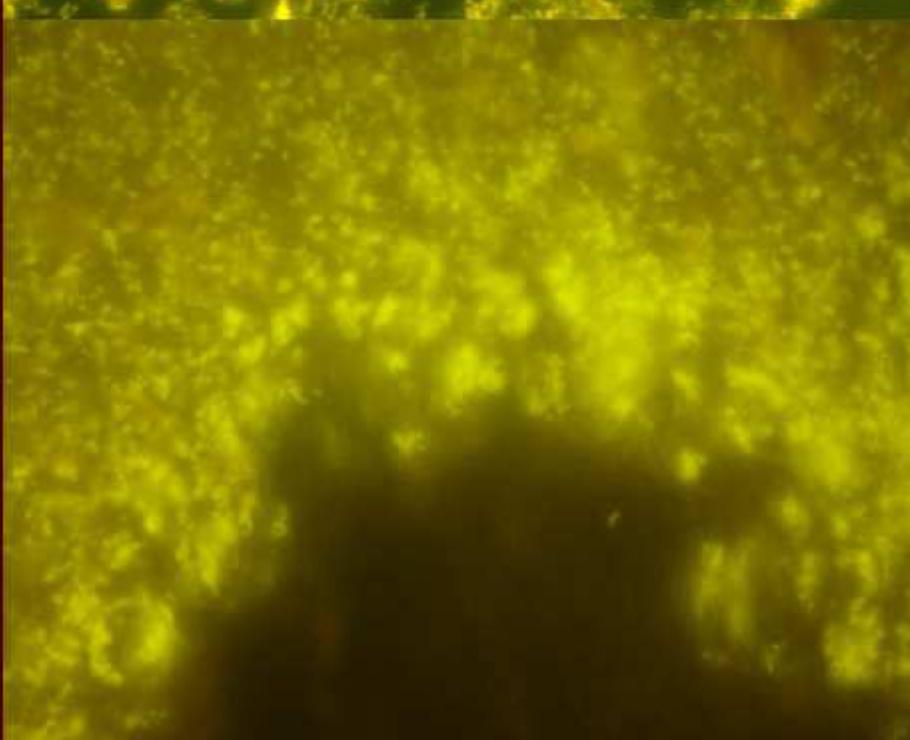
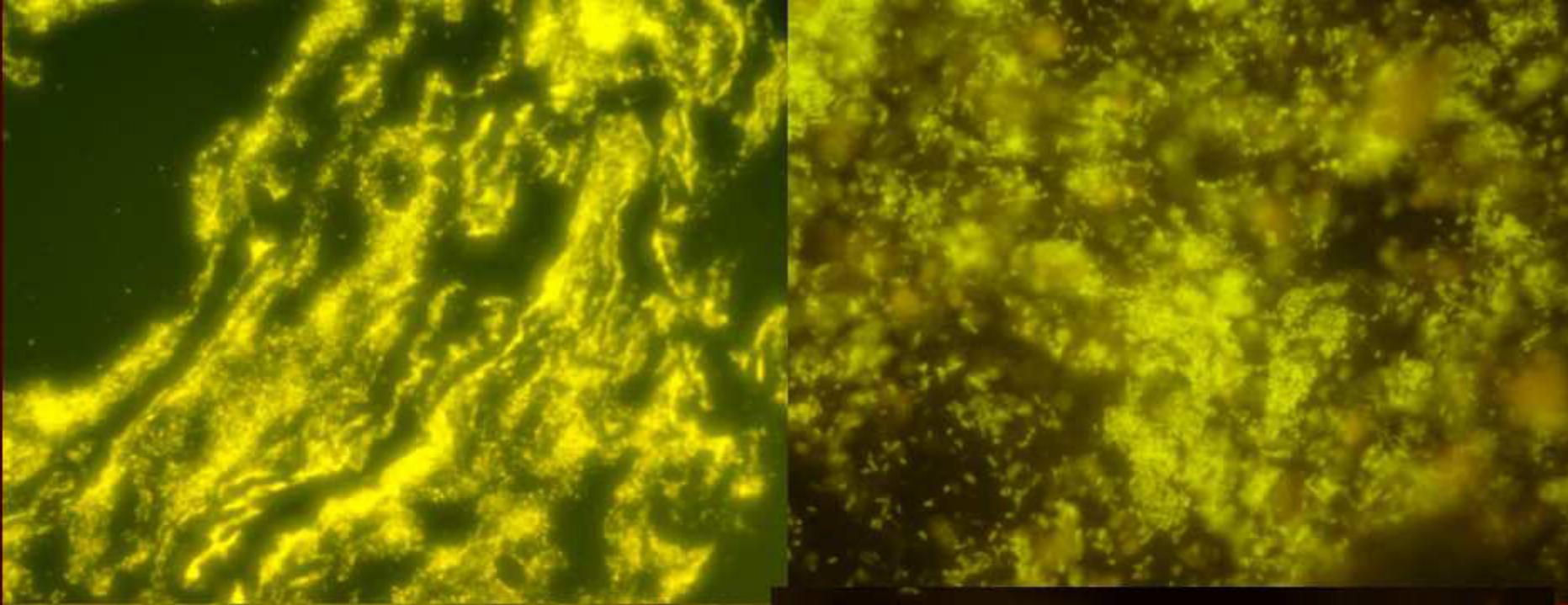
Septa



Septa



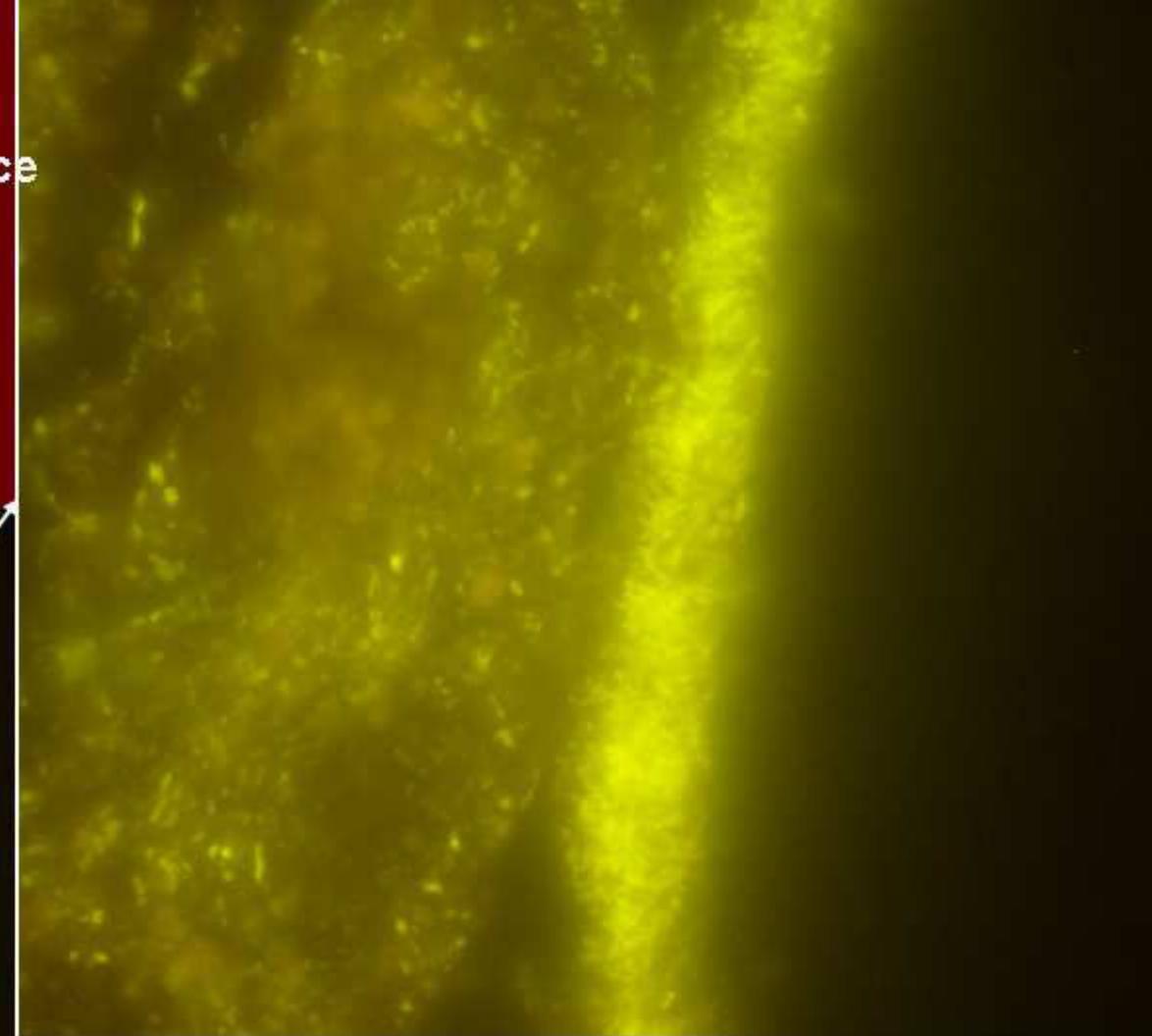
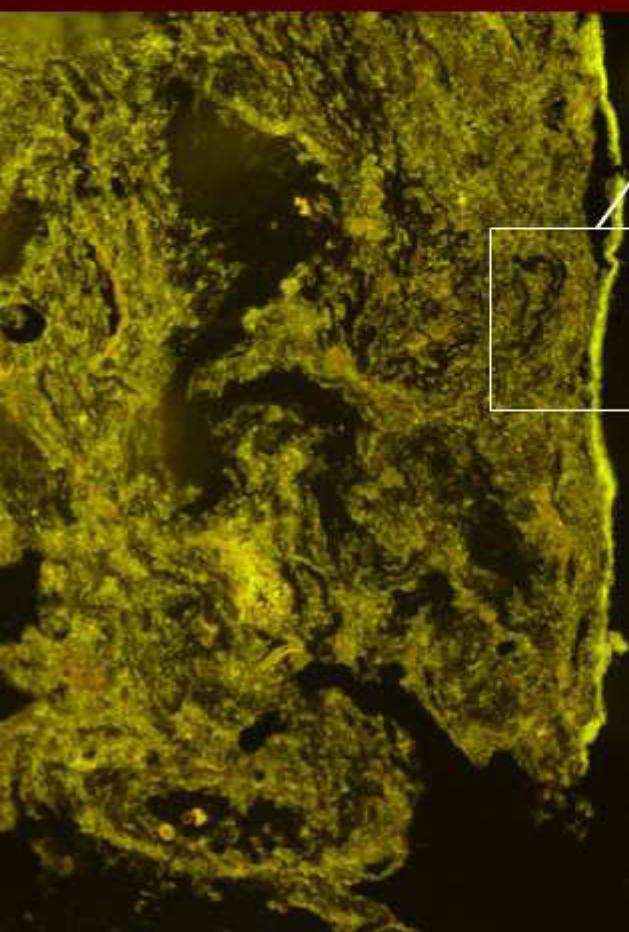
- Purgina
- (destructuring of the habitual bacterial groups)



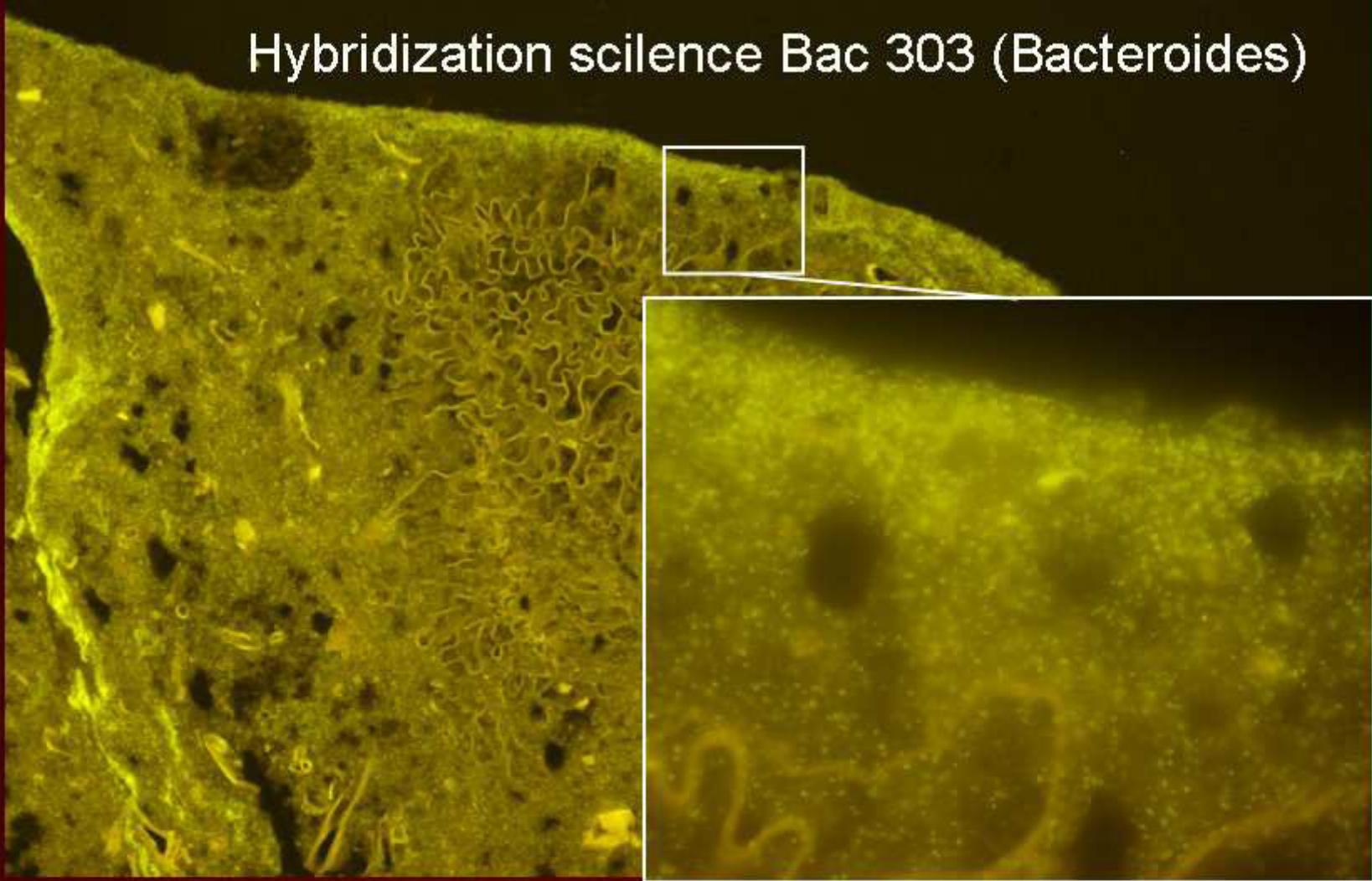
- **Decontamination**
- (Hybridization silence or suppression of habitual bacterial groups)

absolute hybridization scilence

Bac



Hybridization scilence Bac 303 (Bacteroides)



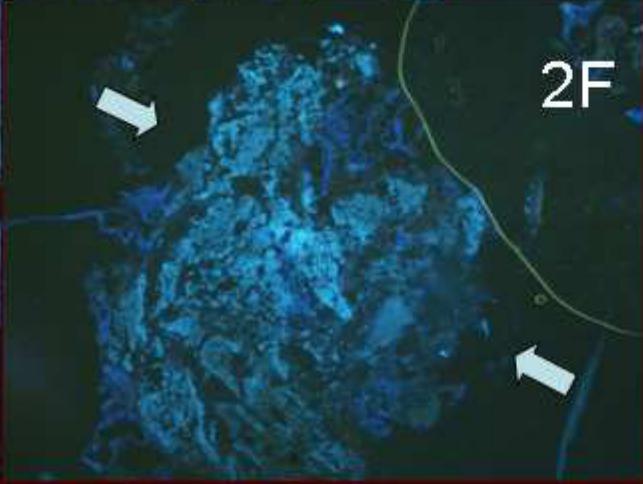
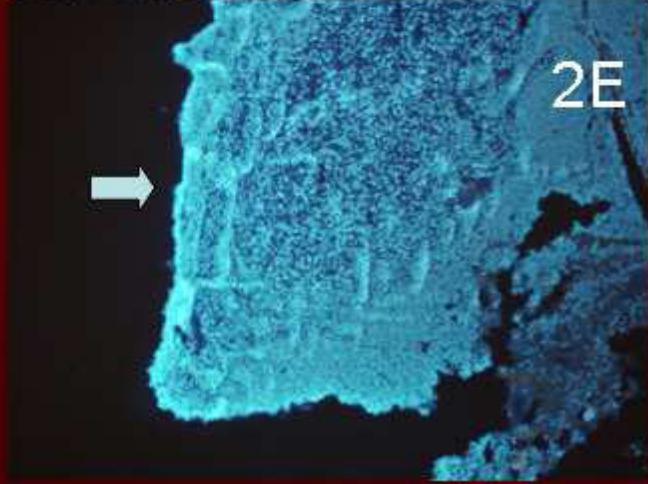
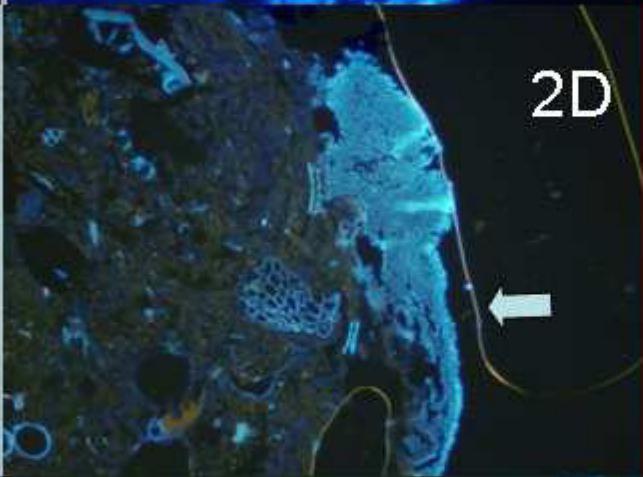
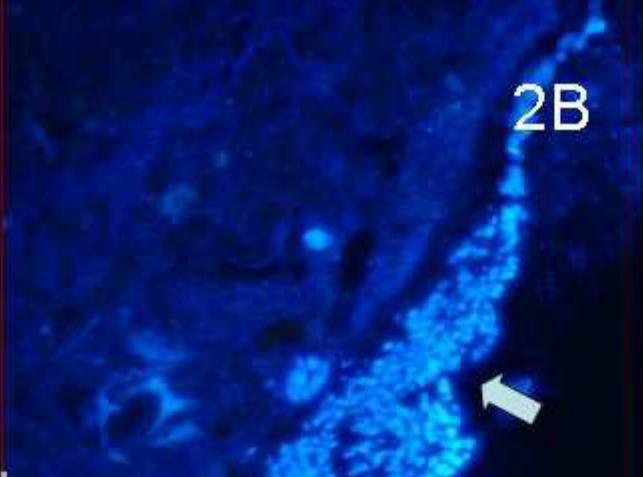
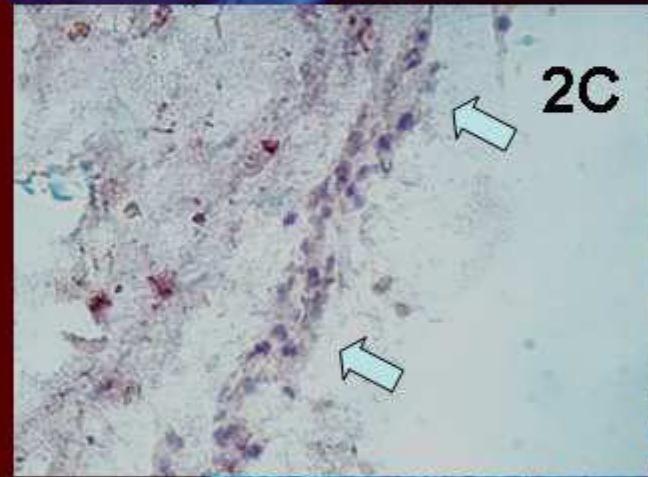
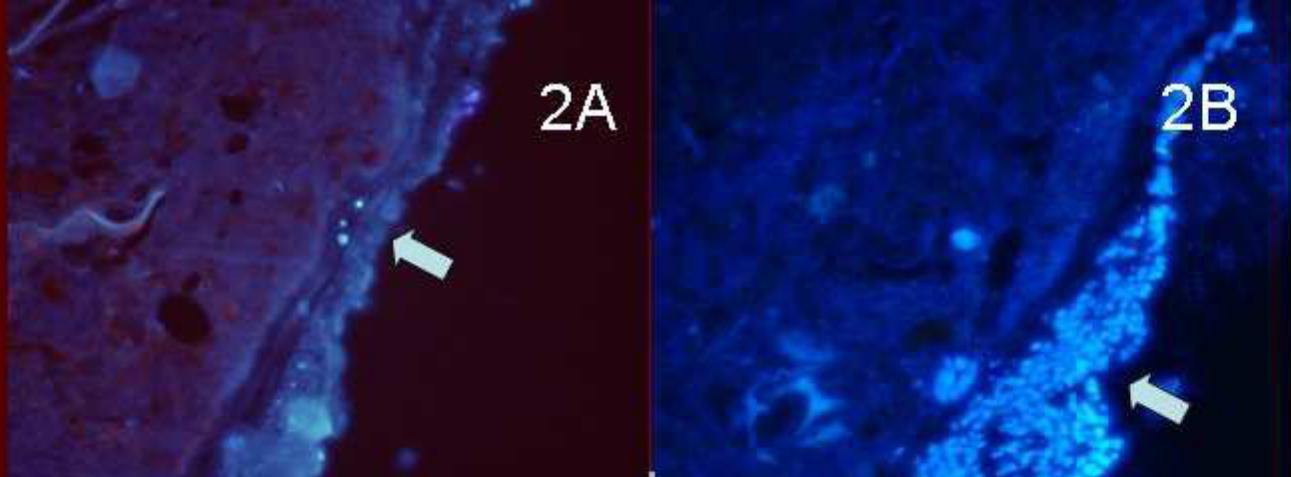
IBD

Central fermenting compartment

Germinal compartment

Separating mucus layer

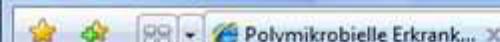




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Molekulargenetisches Labor für polymikrobielle Infektionen und bakterielle Biofilme

Darm	Galle	HNO	Haut	Publikationen
Publikationen	Publikationen	Publikationen	Seite in Arbeit	Präsentationen
	Übersichts-Arbeiten	Uro-genital Publikationen	Veterinär	Projekte

Die ärztliche Tätigkeit am Krankenbett, im Labor, Lehre, Forschung, Gesellschaft und Kultur lässt sich nicht in den engen Rahmen einer wissenschaftlichen Publikation unterbringen. So geht eine Fülle an wertvollem Material verloren. Die vorliegende Homepage soll nach und nach Beiträge zugänglich machen, die wegen ihrer Größe oder Form nicht publiziert worden sind.

A. Swidsinski

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Zuletzt geändert

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